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ABSTRACT

This volume reports on the forum held to probe the needs of the hearing-impaired in Alabama at the 1986 convention of the Council of Organizations Serving Deaf Alabamians (COSDA). The first chapter describes the council, its executive committee and the conference planning committee. The second chapter details the purpose, development, and format of the forum. Chapter 3 summarizes 111 needs explored in the forum and recommendations for addressing these needs in the areas of: trends in education of deaf children, postsecondary education, public awareness, interpreting services, accessibility, networking and service centers, parents' needs, and legal issues. Six major recommendations were identified. They include: (1) establishment of a COSDA Task Force; (2) establishment of a Bureau of Services for the Deaf; (3) conducting of a statewide needs assessment; (4) development of a Directory of Services for Deaf Alabamians; (5) implementation of a statewide effort to increase public awareness; and (6) spearheading of a statewide effort to increase the availability of interpreters for the deaf. Chapter 4 consists of written briefs on these subjects and chapter 5 consists of the final reports from forum panels. The remainder of the book consists of verbatim transcripts of panel discussions and five appendices, including correspondence and information about forum participants. (PB)

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INVESTIGATIVE ISSUES FORUM: Needs of HEARING Impaired Alabamians

Second Annual Alabama Conference
of the
COUNCIL OF ORGANIZATIONS SERVING
DEAF ALABAMIANS

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INVESTIGATIVE ISSUES FORUM:

Needs of Hearing Impaired Alabamians

Second Annual Alabama Conference
of the
COUNCIL OF ORGANIZATIONS SERVING DEAF ALABAMIANS

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1988

EDITOR'S NOTES

In 1965, a comprehensive study of the needs of the deaf in this nation, the Babbidge Report, was undertaken. Members of the profession and hearing impaired individuals themselves know with painful clarity that many of the problems delineated in the Babbidge Report still exist in the later half of the 80's. Over 20 years later, federal legislation was passed which established a Commission on Education of the Deaf (COED) to study the needs of the hearing impaired in the United States. The investigative forum conducted during the 1986 COSDA conference and reported herein will provide specific information relative to the status of hearing impaired individuals within Alabama. The state-level report of this forum along with the federal-level report of COED will provide Alabamians with a comprehensive outline of the needs and issues which should be regarded as priorities for amelioration during the remainder of this decade and into the next.

Since the mission of COSDA is to promote better services to the hearing impaired population through coordination and networking, the Program Committee of the 2nd Annual Conference felt that the conference should provide an open forum for investigation of service needs. Listed in Chapter 3 are 111 needs which were expressed during the forum as well as six major recommendations which are designed to assist COSDA in filling these needs. The information herein may assist agencies, schools and services in documenting their needs and prioritizing their efforts.

Many individuals were involved in organizing, coordinating, and carrying out out this forum -- too many to mention. However, special thanks go to the following, whose time and effort were extraordinary: Daniel L. Miller, Jamie S. Flanagan, and Georgia Brown, who were involved in all aspects from programming through publication; Carol Apple, Jim Hare and Shirley Hamer, who headed the COSDA program committee; and Michelle Chumley, Candace Cronk, Dolly Hardin, and Lise Sisson, who donated their time as court reporters in training to capture the presentations, questions, and answers in their entirety.

Although the concerns expressed during this forum were many, the

expertise, care, and effort taking place statewide on behalf of Alabama's hearing impaired citizens can be seen all throughout this document. Perhaps this report will assist these committed individuals in continuing their efforts.

Susan R. Easterbrooks
Jacksonville State University
August, 1987

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CHAPTER 1

ABOUT COSDA

DESCRIPTION OF COUNCIL

The Council of Organizations Serving Deaf Alabamians (COSDA) was established on September 18, 1984 by representatives of forty-two agencies and organizations. The purpose of the Council is to provide a base for communication among member programs. It also is committed to hosting an Alabama Conference on Deafness each year. The Council promotes cooperation and networking, resulting in more coordination and better service to deaf and hard-of-hearing children and adults in Alabama.

COSDA EXECUTIVE COMMITTEE CHAIRPERSONS - 1986

By Laws Committee Chairman	-	Dick Sweitzer
Awards Committee Chairwoman	-	Esther O'Brien
Membership Committee Chairwoman	-	Betty Faircloth
Finance Committee Chairman	-	Rev. Camille Desmarais
Nominating Committee Chairwoman	-	Patti Sheets
Conference Committee Chairwomen	-	Jackie Bosarge, Nancy Burdg

CONFERENCE PLANNING COMMITTEE - 1986

Program Committee	-	Carol Apple, Jim Hare, Shirley Hamer
Entertainment Committee	-	Sheree Litchfield
Sponsor Committee	-	Martha Bell
Media Committee	-	David Mostella
Registration Committee	-	Tammy Adams
Interpreters Committee	-	John Tiffany, Sue Scott
Local Arrangements Committee	-	Betty Faircloth
Exhibits Committee	-	Dr. Beverly Hunter
Publicity Committee	-	Kim Joden
Awards Committee	-	Esther O'Brien
Keynote Speakers Committee	-	Dr. Susan Easterbrooks

CHAPTER 2

PURPOSES, DEVELOPMENT, AND FORMAT OF FORUM

During its conference planning session, the idea, to hold an investigative forum regarding issues faced by deaf Alabamians was suggested. The editors of this document accepted the charge to arrange for such a forum. The procedure for setting up the forum unfolded as described in the following pages. Results and recommendations are found in Chapter 2.

PURPOSE

The mission of COSDA is to provide a base for communication among member programs and to promote cooperation and networking, resulting in more coordination and better services to deaf and hard-of-hearing children and adults in Alabama. The purpose of the Investigative Forum was to allow professionals and consumers across the state to express their needs and concerns in an open forum so that a survey of needs could be made. The purpose of this survey is to provide COSDA with information which may function as a blueprint for the organization to pursue its mission.

DETERMINATION OF TOPICS

A literature search was undertaken by the editors who reviewed well-known periodicals in the field of deaf education to delineate current issues. Periodicals for the past five years were surveyed. These periodicals included but were not limited to:

American Annals of The Deaf

Volta Review

The Deaf American

Journal of Rehabilitation

Journal of Speech and Hearing Research

Language, Speech, and Hearing Services In The Schools

In addition to the purusal of the literature, numerous individuals from various sectors of the field were queried regarding which issues they felt to be of pressing concern. These individuals filled the following roles: teachers, administrators, an attorney, family members of hearing impaired individuals, deaf adults, university professors, interpreters, and rehabilitation counselors.

After all data were collected, trends in areas of concern began to emerge. Twelve topic areas were initially listed to reflect these trends. The program committee, along with the editors of this manuscript, revised the list down to eight topics by reorganizing some concepts and deleting others. The final determination was made and the topics listed below were chosen for investigation:

Trends in Education of Deaf Children

Postsecondary Education

Interpreting Services

Public Awareness

Accessibility of Services

Networking/Alliances/Service Centers

Needs of Parents

Legal Issues

CALL FOR BRIEFS

A "Call for Briefs" was mailed out to all COSDA members on the membership list (see Exhibit 1 in Appendix D). The intention of the "Call for Briefs" was to solicit written comments from professionals, parents, and deaf consumers across the State of Alabama. Members were informed of the topics and asked to submit their concerns, opinions, and recommendations. In some topic areas, no briefs were submitted, so the editors requested specific individuals to submit a brief on an assigned topic. The response to the call was limited.

FORMATION OF INVESTIGATIVE PANEL

Since the Investigative Forum was held only for a period of four hours, the topics were divided into two groups, each group being monitored by a different set of four panelists. On the day of the forum, one of the panelists was unable to participate and a substitute was assigned.

Panelists were chosen from a broad range of interest and expertise. These included administrators, parents, teachers, and deaf consumers, who were known by their contributions to the state or the field. Individuals from all over the state and one panel member from outside the state, a Gallaudet staff member, were requested to sit on the panel. In addition, a panel member from outside the state was chosen to replace the original member who was unable to attend on that day.

Panel members were charged with the responsibility of questioning

the speakers. Upon completion of the questioning, they were to write a summary report. These reports are found in Chapter 3.

SELECTION OF SPEAKERS

A call was also sent out across the state to encourage individuals to volunteer to present evidence, information, or concerns to the investigative panel (Appendix D). Unfortunately, there was not a resounding response to this call, so the editors selected individuals who were known to represent a particular concern and requested of them to make presentations.

Speakers were chosen from a broad range of interests and expertise as well as from all sections of the state.

In most cases the speakers submitted written briefs to this manuscript's editors.

FORMAT OF FORUM

The topics were organized into two groups. Each group was investigated by four panelists. Each group consisted of four topics, and each topic was presented by two "witnesses" or speakers.

Each official presenter was given five minutes to share his or her information. The panel then asked questions of the speakers for five minutes. A final five minutes were set aside for questions and comments from the audience. Individuals who did not have an opportunity to speak or were requested by the moderator to end their contributions were encouraged to put their comments in writing. Deaf members of the audience who did not choose to write their additional comments were

given the opportunity to dictate their concerns to a recorder skilled in sign language.

Student court reporters were used on a volunteer basis to transcribe verbatim the testimony, questions from the panel, and discussions from the audience. These transcripts may be found in Chapter 5.

At the end of the forum, the investigative panel members summarized their findings among themselves. Four members were assigned to submit written summaries of their findings (Chapter 4). Three of the four written summaries were received by the editors. The editors reviewed the panels' reports, the briefs, and the verbatim transcripts and summarized these in Chapter 2. The summary is in nine sections: one each for the eight areas, and one general overall listing of outcomes and recommendations.

CHAPTER 3

SUMMARY OF NEEDS/OUTCOMES AND RECOMMENDATIONS

INTRODUCTION

Upon receipt of written briefs, panel reports, and verbatim transcripts, the primary editor reviewed all materials. This chapter presents a summary of all the ideas expressed during the investigative forum. A brief description of the nature of the problem will be presented, followed by a listing of the needs or problems expressed. It is the intention of the editors to compile these into one general listing of needs, and to present this listing to all members present at the 1988 COSDA Conference, scheduled to be held in Mobile during the month of July. In addition, the results will be given to the newly elected COSDA Council, which may chose to follow up on the recommendations made.

The needs listed were generated in the following fashion. First, the editor read through the written briefs and gleaned those comments which expressed a specific need. Next, she read through the panel reports and added new concerns listed in the report or modified existing needs. Thirdly, she read through the verbatim transcripts and culled those additional comments made by the forum participants and the audience. No attempt was made to put these needs into priority order, however, that is a task which indeed needs to be addressed.

In summary, a total of 111 needs were identified across all eight areas. The number of needs identified in each area are listed below in the same order as the topics were discussed.

TABLE A

Number of Needs By Category

Category	Number of Needs
Trends In Deaf Education	22
Postsecondary Education	15
Interpreting Services	18
Public Awareness	11
Accessibility of Services	10
Networking/Alliances/Service Centers	16
Needs of Parents	14
Legal Issues	5
	111

The remainder of this chapter is in nine parts. The first eight parts are a delineation of the needs as stated in the evidence gathered. The ninth section is a summary of the needs compiled by the editors in the form of six major recommendations.

TRENDS IN EDUCATION OF DEAF CHILDREN

Clearly, education services for hearing impaired individuals are in a state of flux. With the graduation of the rubella bulge, mandates of the law, and changing etiological patterns, the population in need of service has diversified. Educational programs need to become sensitive to concerns of the consumers served by their programs from birth through geriatric ages and from residential to mainstream settings.

Twenty-three (23) needs were gleaned from the forum process which are a result of the changes described above. For educators to meet the needs of the hearing impaired population, these needs should be addressed:

1. "Least restrictive environment" is misunderstood as a concept and the public needs to be better informed regarding the continuum of alternative placements.
2. Additional training is needed by local level personnel in implementing transition goals between school and work, as defined by Vocational Rehabilitation, Crippled Children's Services, and Vocational Education.
3. Appropriate assessment and career counseling is needed for deaf secondary students in several areas of the state.
4. Better communication and sharing of records is needed between LEAs and State Crippled Children's Services regarding medical and audiological information.
5. LEAs should collaborate one with another in developing cooperative programs to serve deaf students in geographical areas where funding is restrictive. Coordination of funding sources to provide comprehensive services is needed.
6. Institutions and agencies must initiate networking among themselves and improve communication with LEAs.
7. LEAs need workshops in conducting appropriate hearing screening.
8. Since hearing impaired children move from program to program, a curriculum utilized by all programs should be recommended and workshops on these should be conducted.

9. Ongoing training of service providers through regional workshops is needed. Success and effectiveness of these inservice programs should be measured.
10. Parents and educators need to be provided with knowledge and insight into the strengths and weaknesses of the entire spectrum of habilitation philosophies from auditory only and auditory-visual through cued systems and total communication so that they may make an informed choice of an approach which is best for each individual child.
11. Movement toward diversification of services by residential schools is already in progress. Institutions must continue to ask who they are and what they are here to do, then respond to this information.
12. Parent/infant programming needs to be strengthened not only at service centers, but in the home as well.
13. Since the population of school-aged deaf children is diversifying, that is, moving significantly toward an increased number of multiple handicaps, teacher training institutions should prepare teachers to work with multiple handicaps.
14. With the move to keep hearing impaired children in the mainstream, teacher training institutions should prepare teachers to work in mainstream education.
15. Training for independent living and transitional living environments between school and community needs to be increased.
16. Summer programs should be initiated for the purpose of evaluation, counseling, speech, auditory training, reading, remedial

education, and maintenance of skills learned during the regular academic year.

17. The state residential school should become a statewide resource center, increasing services to parents, deaf adults, and school districts/professionals.
18. The quality of educational programs must be monitored constantly and closely.
19. The geriatric population needs better services.
20. Captioned television can be a good educational tool and should be promoted.
21. Programs need to be set up to teach regular education teachers how to accept a deaf child into the mainstream.
22. A method for evaluating teachers' competency in sign language before they are hired needs to be set up.

POSTSECONDARY EDUCATION

Postsecondary education of hearing impaired individuals has always been a concern of the field, yet many problems still exist as evidenced by the fact that most hearing impaired individuals are underemployed, that is, employed below their potential.

Fifteen (15) concerns were raised regarding postsecondary education. As the field meets these needs, the quality of life/work among the deaf population will improve.

1. State legislation needs to be enacted to ensure accessibility and to fund the level of support needed.
2. Funding should be allocated on the basis of functional need, not

what it is assumed a particular category of individual can use.

3. There are not enough quality interpreters available to serve in all postsecondary settings.
4. Networking among postsecondary services needs to be encouraged.

5. Admission to postsecondary institutions should be based on individual potential, not whether the student has been able to pass the BCT.
6. Institutions need to be flexible in altering their requirements, such as English language proficiency, so that they are not discriminating against an otherwise qualified individual.
7. Cooperative programs between postsecondary programs and businesses which will hire graduates need to be established.
8. There need to be programs statewide which would provide for successful transition from high school to college or vocational programs. Cooperation between high schools and postsecondary programs should be explored.
9. The educational curriculum for hearing impaired school-aged children needs to be brought closer into alignment with that of hearing children, so they will be more capable of handling postsecondary opportunities.
10. Postsecondary programs need to meet the social and emotional needs of the student, not just the academic needs.
11. Opportunities for continuing education on a course by course basis need to be expanded. Postsecondary education should mean more than vocational programs or college.

12. Vocational Rehabilitation Services support should be extended past eight semesters, as a full academic load is too demanding for most. Further, it penalizes the student who changes his major.
13. "Accessibility" needs to be redefined for the hearing impaired student. It does not just mean modification of physical barriers.
14. Statewide and institutionally mandated tests must be examined to determine whether they discriminate against hearing impaired individuals.
15. Career counseling and support for job placement should be stressed by postsecondary programs.

INTERPRETING SERVICES

Without access to skilled professional interpreters, hearing impaired individuals cannot interact completely with the hearing world. The professional status of interpreters has been a concern nationwide for years, a concern which is reflected in the eighteen (18) needs raised during the conference and listed below.

1. There are not enough interpreters in the State of Alabama to meet the needs of deaf citizens in the State.
2. Cued Speech interpreters are difficult to find. ALRID needs to address this issue.
3. Area referral centers need to be developed which would manage a pool of interpreters.
4. Interpreters in such a referral center would be ranked by skill and utilized on a descending order basis.

5. Standard requirements need to be developed to inform sign language instructors of recommended qualifications so they will not misrepresent themselves.
6. Financial compensation for interpreters needs to be standardized, reflecting level of skill.
7. Interpreting professionals need to establish their own watchdog group to monitor professionalism.
8. Differentiation needs to be made in the Code of Ethics which will reflect the separate needs of interpreters in the educational setting.
9. Interpreter pay is inadequate and needs to be competitive.
10. Interpreters are not given professional status. This needs to be reversed.
11. Job descriptions for interpreters in various settings need to be clarified.
12. Job titles should be established.
13. Benefits should be paid in addition to salaries.
14. Funds should be available so that interpreters may continue to upgrade their skills.
15. The professional organization needs actively to increase jobs available, thus, marketing interpreters.
16. Interpreter-training programs need to be accredited.
17. Research projects need to be funded to study interpreter competence, evaluation criteria, curricula, and market analyses.

18. The pros and cons of licensure of interpreters should be investigated.

PUBLIC AWARENESS

Although relatively few needs were expressed regarding public awareness, each problem identified was so far-reaching and pervasive that public awareness might very well be the key to solving many of the other problems listed. For example, if employers were aware of the capabilities of deaf employees, then some service centers might be relieved of their burdens. An informed, accepting community would improve quality of life dramatically.

1. Every local police department should train its personnel in the problems and rights of deaf citizens, including how to use interpreters.
2. Businesses which employ deaf workers need to install flashing fire alarms in work areas, public areas, and restrooms.
3. Public utility companies, emergency services, and hospitals, and libraries should be required to install and learn to use TDDs.
4. Employment agencies and businesses need to be aware of the potential of the deaf employee.
5. The public needs to be made aware of sign language.
6. The public should be cautioned about deaf peddlers.
7. Individual churches as well as dioceses need to be sensitive and responsive to the needs of deaf persons.

8. An organized, systematic, state-funded effort at developing public awareness needs to be launched.
9. The State should establish and fund a professional advocate for deaf citizens whose function would be to assist the deaf community in meeting its needs.
10. Volunteer agencies need to be made aware of the services they could provide to the deaf citizenry.
11. State agencies serving hearing impaired citizens should engage in routine efforts to inform the public of the needs of deaf citizens through publication of brochures, pamphlets, newspaper articles, and through TV spots.

ACCESSIBILITY OF SERVICES

Even though state agencies and public institutions in Alabama appear to be working with one another to provide ever-increasing accessibility to services, the situation is still of concern in other areas. Legal services, financial institutions, police departments, and hospitals, not to mention the private business and service sectors are still grossly inaccessible. The points listed below were expressed during the investigative forum.

1. Communication severely limits access to many services. Most agencies and businesses do not have TDDs, so initial contacts cannot be made. Once made, interpreters are not readily available and follow-through cannot occur. Agencies should be required to provide interpreters.
2. Communication problems (lack of TDDs, interpreters, and qualified personnel) are especially critical in the medical,

mental health, and human service areas. Agencies should be required to have these.

3. State agencies and institutions should support workshops to train people to work in mental health facilities and hospitals.
4. State agencies and institutions should support workshops to train people who are working in physicians' offices and nursing homes to work with hearing impaired people.
5. The State needs to establish and maintain a system of loaner aids.

6. Although a joint agreement exists between the Department of Mental Health and Rehabilitation Services which makes the public mental health services accessible, the availability of private or alternate programs needs to be increased.
7. New positions need to be created within the mental health system to be filled by a trained person competent in providing mental health services to hearing impaired individuals.
8. TDDS should be installed in all hospitals state-wide.
9. Hospital staffs should receive training in the needs and problems of the hearing impaired population.
10. A state-wide interpreter referral service should be established so that deaf persons may have access to all public and private services.

NETWORKING/ALLIANCES/SERVICE CENTER

According to Earl Lindsey in the brief he submitted, a service center is defined as "a center offering comprehensive services including interpreting, information and referral, telephone message relay, advocacy, and community awareness". These are noble goals, indeed, and ones which should be the right of each deaf Alabamian. The purpose of the service center is to help deaf persons bridge the gaps between their needs and available services in the community. An additional component to comprehensive services is the linkage among services and agencies in the form of networks and alliances to assure that deaf people don't "fall through the cracks" in the service options available.

The State of Alabama has forged many networking links and plugged up the service center gaps in some areas, but there is great inconsistency state-wide. Some of the needs described are listed below. Sixteen (16) were identified.

1. Alabama does not have "pure" service centers, but an inconsistent conglomeration of programs with inconsistent funding bases. The State Legislature needs to fund service centers on a permanent basis, clearly delineating their service missions.
2. Once habitation and rehabilitation are complete, follow-up services need to be provided. These include, but are not limited to, message relay, interpreter services, financial management, legal assistance, housing assistance, and counseling services.
3. One of the greatest gaps in service provision is the need for appropriately trained and adequately compensated interpreters.

4. An array of housing options with varying degrees of supervision and services are needed.
5. Knowledgeable professional advocates need to be available to assist deaf persons in interfacing with the hearing community, in all its facets.
6. A more intensive state and national thrust is needed to establish and fund adequate mental health services consistently state-wide.
7. An array of options for sheltered employment needs to be established.
8. Due to isolation of deaf individuals and barriers to accessibility of public recreation programs, special recreation services are needed at local levels.

9. Services to the elderly deaf need to be increased.
10. Legislation needs to be passed and appropriations committed which will allow the State to fill its significant service gaps.
11. A concensus of prioritized goals needs to be developed by the professional community in conjunction with the deaf community.
12. Political action on behalf of deaf individuals needs to be increased.
13. The deaf community must become more active on its own behalf.
14. Legislation needs to be passed which would set up a Service

Bureau for the Deaf through which Community Service Centers would be funded and advocacy for the deaf would be handled.

15. State Legislation paralleling the language of Section 504 of the Rehabilitation Act needs to be enacted.
16. A comprehensive needs assessment and data collection effort needs to be initiated state-wide to document the needs of the deaf community.

NEEDS OF PARENTS

No one can dispute the significance of a parent in the development of any given child. Researchers and service providers have, for years, recognized that parental involvement in the deaf child's upbringing plays a significant role in that child's prospects for the future. Parents are admonished to provide a quality experience for their child, yet, until recently, little direction was given to parents in determining exactly what that quality experience entailed. At best, efforts were in conflict, at worst, nonexistent.

The needs of parents do not end once the parent/child dyad graduates from a parent-infant program. Needs were expressed by the witnesses, panels members, and audience. These are as follows:

1. More parent training in legal issues, ways to work with local school personnel, and due process procedures are needed state-wide.
2. Parents need more training in how to communicate with their deaf children.
3. Parents need more training in how to guide and counsel their

deaf children through all developmental phases from infancy through adulthood.

4. Parents often are unsure or unaware of whom to turn to for help. A source needs to be made known to the parents.
5. Interpreters and reverse interpreters of both oral and written language need to be trained better and need to be more available.
6. Deaf adolescents need to become familiar with TDD services and how to use them.
7. A directory of parents should be available so that people who have gone through and solved problems may be available to those who are facing a situation which is new to them.
8. Parents need more training in how to decide about program options.
9. A system for giving all deaf children TDD's and TV decoders should be established, since not all families can afford them themselves.
10. Self-help and support groups need to be available for parents throughout the child's life.
11. Organizations of adult deaf persons, such as AAD, need to reach out to deaf children and their hearing parents.
12. Teachers and parents need to work together, not in opposition to one another.
13. A more accurate statistical base needs to be developed regarding the specific needs of parents of deaf children.

14. A centralized organization of citizens, advocates, and source providers who have a comprehensive data base from which to operate can provide needed assistance to the deaf community.

LEGAL ISSUES

The final topic for discussion during the Investigative Forum was that of the legal issues faced by deaf Alabamians. According to the evidence presented, there seems to be no concerted effort to bring problems to light and to affect a resolution. The problems discussed, while only scratching the surface, are listed below.

1. A legislative bill needs to be passed recognizing American Sign Language as a valid language and permitting it to be taught in high schools. A committee should be developed to study efforts in other states and make recommendations.
2. The legal profession needs to be sure that interpreters are available when a deaf person is involved in any legal action, from a minor traffic ticket to major hearing regarding innocence or sanity.
3. Insurance companies should not be allowed to raise their rates just because a person is deaf.
4. A COSDA representative needs to go to the annual Bar Association conventions and speak on behalf of deaf people, to help familiarize attorneys with the needs of this population.
5. COSDA should go to the legislature and ask them to establish a state commission or council for the deaf.

OUTCOMES AND SIX RECOMMENDATIONS

What strikes the reader upon careful scrutiny of the 111 items listed as needs are the numerous commonalities which run through all eight areas discussed during the investigative forum. In an effort to coordinate the outcome of this venture, a set of six (6) major recommendations has been drafted which may provide a possible path down which the COSDA membership may travel to meet its stated goal: that being, to promote better services to the hearing impaired population through coordination and networking. By undertaking a coordinated and committed effort to follow the recommendations stated herein, COSDA shall have the opportunity to meet its mission statement and advance the cause of deaf Alabamians.

Recommendation 1:The Executive Committee of COSDA shall establish a Task Force to review the outcomes and recommendations delineated in this report of the 1986 investigative forum.

This Task Force would discuss in detail the needs and recommendations of the forum. Members of this Task Force would organize themselves into subcommittees, each subcommittee accepting primary responsibility to organize a larger membership, under guidelines of the Task Force, to address the 111 needs in general and the five (5) subsequent recommendations in particular. The Task Force members would serve as chairs or co-chairs of the subcommittees. These subcommittees would develop a plan for dealing with the problems at hand. Task Force Committee membership would vary biennially based upon

changes within the Executive Committee, as would subcommittee members. Subcommittees would make reports to the entire COSDA membership on efforts made and current status of the charge at COSDA conferences. This activity would become an ongoing function of COSDA. Revenues generated by the COSDA Conference shall be utilized to fund subcommittee activities. This action will help to meet the 111 needs expressed during the Forum.

Recommendation 2: A Bureau of Services for the Deaf or a Commission on Deafness shall be established and funded by State appropriation.

This Bureau or Commission might be established out of the Governor's office, or might become a component of the Alabama Developmental Disabilities Advocacy Program (ADDAP). The subcommittee appointed by the Task Force would investigate under which umbrella the Bureau or Commission should fall. The subcommittee would organize, initiate, and follow through with whatever action is necessary to enable legislation to come about which would establish such a Bureau or Commission. The Bureau or Commission should be directed by a qualified deaf or hard of hearing person, who is familiar with the needs of the State. If none is available, a qualified hearing person may be chosen. The subcommittee should determine what these qualifications are. The Commissioner or Director should be bipartisan and should align himself/herself with no existing organization or agency in particular. The Commissioner's primary responsibility would be to advocate on behalf of deaf Alabamians and to act as a catalyst for networking growth within the

State. This action will help to meet the needs expressed under Legal Issues, Parents Concerns, and Accessibility of Services.

<u>Recommendation 3:</u> COSDA shall institute a major, statewide, hard-data, needs assessment to gather objective information as a follow-up to the issues outlined during the investigative forum.

In order to persuade legislators to take action, hard facts are needed. In order to prioritize the 111 needs outlined, further investigation is required. A subcommittee should be formed to follow up the results of this document, so that the State and members of COSDA may take organized action on behalf of deaf Alabamians.

<u>Recommendation 4:</u> COSDA shall develop a Directory of Services for Deaf Alabamians.

The major mission of COSDA is to promote better services through coordination and networking. A Directory of Services would be of great benefit in informing individuals and agencies of those services available with which to establish alliances or which might potentially hold the answer for a particular individual's problem. Such a Directory would be

updated routinely and would assist in meeting the needs listed under all eight areas investigated.

Recommendation 5: COSDA shall develop a statewide effort to increase public awareness.

Lack of information regarding deafness and its implications is the primary reason why deaf individuals face so many problems. Lack of information not only impacts on deaf individuals and their parents, but also on members of society in general. Employers may be hesitant to hire deaf workers due to misconceptions about their capabilities. Parents of deaf children may be confused about educational, social, and emotional issues as a result of lack of information. Political officials may take a nonchalant attitude about deaf individuals unless they are truly cognizant of the impact of this disability. Additionally, society in general may appear negativistic, when fear or ignorance are the actual problems. A consistent, persistent state-wide effort to educate Alabama's citizenry may provide a significant contribution to relieving the needs of its deaf members.

Recommendation 6: COSDA shall spearhead a state-wide effort to ensure that an adequate number of trained and appropriately paid interpreters is available to meet the needs of Alabama's deaf citizens.

Time and time again, in issue after issue, the lack of interpreting services and sign language classes was expressed as a need. Specifically, 21 of the needs, or 18.9%, address this issue. In addition, a large number of the other issues assume the availability of interpreters. The availability of interpreters is at the heart of all the issues discussed.

Until this problem is attacked and headway is made, many of the needs expressed will remain unmet.

SUMMARY

During its 1986 conference, COSDA held an Investigative Forum to look into the needs of deaf Alabamians across eight (8) specific topical areas: Trends in deaf education; postsecondary education; interpreting services; public awareness; accessibility of services; networking/alliances/service centers; needs of parents; and legal issues. Both written and verbal "testimony" were taken and are compiled herein.

The results of the forum were that 111 needs were identified and six (6) major recommendations were made to relieve these. The purpose of this document is to provide direction to COSDA, so that the Council may meet its stated mission. In 1965, the Babbidge Report was written to describe the needs of deaf Americans. Over 20 years later, few of these needs were met. Let us hope that COSDA may affect greater changes in far less time as a result of the information contained in this document.

CHAPTER 4

WRITTEN BRIEFS

FUTURE TRENDS IN THE EDUCATION OF THE DEAF AS PROVIDED BY RESIDENTIAL SCHOOLS

Submitted for Consideration
to
The Issues Forum
of
The Second Annual Conference of
Organizations Serving Deaf Alabamians

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FUTURE TRENDS IN THE EDUCATION OF THE DEAF AS PROVIDED BY RESIDENTIAL SCHOOLS

The role of residential schools for the deaf impaired has been a central topic of discussion among educators during the past decade. Many have suggested that these institutions will no longer play a significant role in the education of the sensory impaired; while others have suggested that this traditional service delivery model has been effective and should continue to play a major role in the education of this special population. Like most issues, there is a need for compromise on both sides, which hopefully will result in a more efficient and effective service delivery system. These compromises will involve progress and change two concepts which can be difficult. In the words of Robert Kennedy, "Progress is a nice word. But change is its motivator and change has its enemies."

This presentation will discuss the change process as it has and will impact on residential schools. There will be no earth-shattering revelations, but perhaps the development of a different perspective on issues with which we are all familiar. As Samuel Johnson once said, "We more often need to be reminded rather than informed."

This report will concentrate on four areas in relation to the change process and future directions for residential schools:

1. Future trends in business and society that have implications for residential schools
2. Major events that have impacted on residential schools which suggest new directions for these institutions
3. A review of five major studies concerning the future of residential schools that were conducted in the late 1970's and early 1980's

4. A report on a recent survey concerning innovative, creative, and non-traditional programming currently being offered by residential schools

Information presented on these four areas will demonstrate that residential schools are evolving through a transitional era and are engaging in a number of new service trends that represent significant program diversification.

The movement toward diversification of services by residential schools is simply a microcosm of what is occurring in business and society. While educators have traditionally failed to look outside of education for solutions to their problems, many of the problems faced by educational institutions are basically the same problems faced by business and industrial institutions. This point is best demonstrated by the writings of John Naisbitt in his book, Megatrends, which describes a number of major trends that will have impact on the future of business and industrial institutions. Naisbitt emphasizes the need for long-range planning and a concentration on the long-term solutions that have been so pervasive in American business. Additionally, he indicates a need for corporate managers to constantly rethink and reconceptualize the nature of their business. To emphasize this point Naisbitt discusses "the law of situation" which asks the question, "What business are you really in?"; a pertinent question for many businesses, institutions, and industries. Many businesses have failed to apply "the law of situations" and as a result have become extinct.

Naisbitt provides the specific example of the railroad industry and how it failed to apply "the law of situation." As a matter of fact, during the early part of this century, they were one of the more dominant industries in the United States. It was not long ago that the Pennsylvania Railroad was being celebrated as the

best managed institution in our country. However, during the 1930's, 40's, and 50's, other types of transportation began to develop and prosper. More and better highways were constructed, and bigger and better trucks were built. Additionally, with the improvement of air transportation, more and more goods were transported by commercial air carrier, and ultimately, with the creation of the jumbo jet, massive loads could be transported quickly and safely by air. The railroad industry failed to take these developments into consideration, and the railroad executives continued to insist that the railroads would always exist as a viable and healthy industry.

Naisbitt maintains that the railroad executives should have applied "the law of situation" and asked the question, "What business are we really in?". If they had asked this question, the answer would have been "the transportation business," and they would have diversified and entered new modes of transportation such as trucking and air freight. Ultimately, they would have combined all forms of transportation and emerged as an effective, efficient, and viable industry. During their heyday, they had sufficient capital with which to diversify and could have broadened the scope of their business. But they failed to take note of the changes occurring around them and now represent one of the more archaic components of the industry.

The railroads should have concentrated on moving goods by any means possible, but, instead, they were motivated by short-term profits and the tradition of railroading. They were so engrossed in their history and the short-term profit motives that they never noticed the changes that were occurring around them. The following quote best exemplifies their failure to recognize and cope with change:

> "This philosophy of the divine rights of kings died hundreds of years ago, but not, it seems, the divine right of inherited markets. Some people still believe there's a divine dispensation that their markets are theirs -- no one else's -- now and forever more. It is

> an old dream that dies hard, yet no businessman in a free society can control the market when the customers decide to go elsewhere. All the king's horses and all the king's men are helpless in the face of a better product. Our commercial history is filled with examples of companies that failed to change with the changing world and became tombstones in a corporate graveyard. No business or institution can operate on its tradition or its history."

The example of the railroad industry is a great lesson for business, but, more importantly, it is a great lesson for residential institutions. It teaches that institutions must constantly ask who they are, where they are, and what are they here to do? Residential schools must constantly apply "the law of situation" and ask the question, "What business are we really in?".

Another topic discussed by Naisbitt is the failure of bureacracies and the evolving trend toward networking as solution to problems caused by hierarchial organizational structures. Naisbitt maintains that hierarchies have failed to solve society's problems and have forced people to seek solutions through formal and informal networks and linkages. He cites the following reasons why traditional hierarchies have failed:

--**The decline of traditional structures such as the family, church and neighborhood.** With the decline of these structures, people have developed more of a need for belonging. They turn to various types of networks to fulfill these needs.

--**The pervasiveness of the information overload.** Individuals are being buried in the overload of information generated and translated within the bureaucracy. Through the use of networks and linkages, individuals help each other select and acquire only the information they need. Networks can cut diagonally across organizational channels and place individuals in direct contact with the people and resources they need, without the frustration of going through the bureaucracy.

In addition to the above, many governmental bureaucracies are now facing declining budgets, but with the expectation that they not cut services. As a result of this demand, many public service agencies are turning to networking and organizational linkages as means of accomplishing their mission in a more efficient manner. Organizational networking allows each organization to achieve goals that as separate units neither would be able to achieve; it facilitates common solutions to common problems, in which all participating organizations experience something positive out of the relationship.

As with "the law of situation," Naisbitt's interpretation of the trend toward networking also has implications for residential schools. As these institutions can no longer operate in isolation, they must work cooperatively with other organizations and agencies to seek common solutions to common problems. By forming linkages with other agencies, a residential school can jointly accomplish more than it could as an isolated, independent agency.

As the future of business has been affected by major developments in the business arena, the future of residential schools has been significantly shaped by two major events occurring during the 1960's and 1970's: the Education of All Handicapped Children Act (PL 94-142), and the rubella epidemic of 1963-65. While these two events were not the only events to have impact on residential schools during this period, the results of these events appear to have been dramatic in terms of their implications for the future development of these institutions.

The passage of Public Law 94-142 was a general reflection of society's concern for expanding the civil and social rights of minority populations. This, of course, was a pervasive issue in the 1960's and 1970's, and one that led to the passage of a significant series of civil rights legislation. PL 94-142 was needed

for a number of reasons and has resulted in many new opportunities for the handicapped as a result of its concentration on individual rights and individual programming for the handicapped child. Suffice it to say that it is the most significant civil rights legislation for handicapped children and youth ever signed into law.

While, in general, PL 94-142 had a positive impact on the education of the handicapped, there were mixed feelings among professionals as to precisely how the new legislation would affect educational programming for the deaf, particularly as it related to residential schools. Prior to the passage of PL 94-142, residential schools had a virtual monopoly on the education of the sensory impaired. However, because of the passage of PL 94-142 and the least restrictive environment (LRE) provisons of the law, it was obvious that the local education agencies (LEA's) had an obligation to provide educational programming to the sensory impaired in the local community. In effect, PL 94-142 created options for educating sensory impaired children, and residential schools no longer represented the only option available for this population.

The very existence of the traditional residential schools was threatened, and in order to remain viable institutions they had to become competitive. Residential schools were no longer "the only ball game in town."

Residential schools responded in many and varied ways. Some buried their heads in the sand and refused to acknowledge the pending changes. Some decided to take a "wait and see" attitude, sensitive to the issues, but not willing to take any aggressive steps toward meeting the challenge. Others quickly realized the broad implications of the law and began preparing for a transition into a new era of service delivery. For the most part, the concept of competition was healthy. It made residential schools review their programming efforts and their service delivery system, and, to some degree, the ensuing

competition between LEA's and residential schools led to increased quality. Those residential schools that wanted to be dynamic, growth-oriented institutions realized that in order to develop they had to offer the best possible education available for deaf students. Parents were no longer required to send their children to residential schools, and the only reason they would now make that decision would be because it was the best program available for the education of their child. As expressed by the President of one residential institution, "We do not have the right to ask parents of sensory impaired children to send their sons and daughters to our schools, except to the extent we can offer them the best possible education available in our state. Therefore, we must be a center of excellence for the education of the deaf."

The passage of PL 94-142 was a significant step forward for the handicapped and created many new opportunities for this population. Within the field of sensory impaired it created a range of options that forced residential programs to review their efforts and to develop new service delivery strategies. In many ways PL 94-142 was a major reform act for residential schools serving the sensory impaired.

A second significant change event for residential schools was the enrollment fluctuation created by the rubella epidemic of 1963-65. While the event may not be as dramatic as the passage of PL 94-142, it is significant as a change agent and may well result in an opportunity to alter residential programming to meet the needs of the future.

The rubella epidemic of 1963-65 resulted in the births of some 8,000 deaf children and another 4,000 children with both hearing and visual difficulties. Nearly 30,000 infants in total were born with some type of physical and/or mental impairments which could be attributed to the congenital rubella syndrome. Special education programs and facilities were not available to

meet the educational and developmental needs of this large increase in the handicapped population. Most of these rubella students who were either hearing impaired or visually impaired were ultimately enrolled in residential schools for the deaf and/or blind. While the students were sensory impaired, many also had behavioral and developmental disorders not routinely associated with traditional deaf and blind students enrolled at residential schools for the deaf and blind.

The rubella students represented a large influx of new students for these institutions, and, for the most part, there was no corresponding increase in revenue, or the increases that were provided were not sufficient to cover the expenses incurred. New revenue was needed, not only for a general increase in enrollment, but also for the more intense services required by the rubella students. With the resources that were available these students have been served in residential schools for the past twelve to fourteen years and now they are exiting these institutions. While this exodus of students represents a problem for some residential schools, it also represents a unique opportunity to redirect existing resources to new and innnovative programming efforts. Many residential schools are already engaged in this process. The exit of the rubella students presents a major opportunity to reconceptualize our mission and diversify services.

While direct educational services will always be the core of residential programs, the two major events discussed above, PL 94-142 and the rubella epidemic of 1963-65, suggest that there should and could be changes in the role, mission, and service delivery system of these schools. This, in combination with the business and societal trends discussed earlier, would suggest that there are three major factors on which the future of residential schools will be dependent:

--The ability to reconceptualize their mission, and as a result offer a diversification of services

--The ability to establish networks and linkages with other agencies in an effort to create new service delivery systems

--An emphasis on quality to the extent that residential schools become centers of excellence for their respective states or service regions.

The need for residential schools to modify the scope of services provided and their methods in the delivery of the specified services should not have come as a major surprise to these institutions. At least five major projective studies addressed future roles for residential schools for the sensory impaired in the late 1970's and early 1980's. These studies indicated that the future of residential schools for the sensory impaired would be contingent upon diversification and expansion of services away from the main residential facility.

In 1977, Prickett and Hunt, using a Delphi approach, attempted to predict the most likely and most desirable elements in the education of deaf individuals. Those ten items were shown to be:

1. Preschool and parent education would become standard programming issues in deaf education.
2. More attention would be directed toward career education and career needs.
3. The need for more professionals in parent-infant training would be identified.
4. There would be an increase in programming options for multihandicapped deaf.
5. Teacher training would need to be directed toward the multihandicapped deaf.
6. Parents would have a more expanded role in education.

7. Adult education opportunities would increase for the deaf.

8. There would be more integration of deaf individuals into the hearing community

9. Regional programming for the deaf would increase.

10. Community centered education for the deaf would increase

Nobler (1977), in an article, "Getting Ready for Public Law 94-142: A Model Support Services to Mainstreamed Hearing Impaired Children", indicated that residential schools in conjunction with LEA personnel could provide assessment of individual children's educational needs. Additionally, the residential school needed to provide direct inservice programs and serve as a resource to teachers regarding instructional materials, technical assistance, and amplification systems. Also, research and summer programs as well as curriculum development all were viewed as appropriate roles for residential schools.

Tweedie and Baud (1980), using a modified Delphi approach, reviewed the future needs of the deaf-blind multihandicapped population. Their findings indicated that residential schools would be, first of all, serving more multihandicapped children, both deaf-blind, blind multihandicapped, and deaf multihandicapped individuals. Additionally, their study found that interagency cooperation (networking) would be necessary because of decreased funding and the potential for duplicated services. Parent services and training, both of professional and paraprofessionals, were shown to be appropriate and needed roles for residential schools.

Spungeon (1982), in "Future Roles of Residential Schools for Visually Handicapped Children", projected ten service roles that residential schools could perform. These ten roles are:

1. The diagnosis and assessment of sensory impaired individual

2. Preschool services both on a center based and an in-home basis

3. The provision of appropriate recreation and leisure time programs

4. Expanded efforts in career education/prevocational instruction

5. Twelve-month programming for students in need of such services

6. Extensive summer school program designed to provide those services that are not readily available in LEA's such as mobility and Braille

7. Continuing education for students who have completed their formal education

8. Curriculum development to assist LEA's and other programs serving the visually impaired in the implementation of a comprehensive program

9. Professional development as a center for teacher training and continuing education, especially if university linkages are established.

10. Respite care for parents

In 1982, at a conference entitled "The Future of Residential Schools For the Blind," held at the Perkins Institute, Baud presented the findings of a nationwide Delphi Study. The results of the study showed the following trends:

Item

Emphasis on the use of residual vision for all activities will continue to increase.

Use of low vision optical aids will increase.

State and national parent organizations will become more active.

The number of visually impaired students with no additional handicaps served in residential schools will decrease.

Residential schools will become resource centers to serve students in public schools with media, support services, diagnostic programs and short-term placements.

Residential schools for the blind will serve more multihandicapped/severely handicapped, visually impaired students.

Centralized state administered program development and supervision will increase.

Pre-service training for teachers of the visually impaired will emphasize multi-disciplinary team membership (i.e. work with ophthalmologists, orientation, and mobility specialists).

Use of technology in all facets of programming for the visually impaired will increase.

Educational opportunities for visually impaired persons beyond the traditional school years will increase.

In summarizing the five projective studies, it is very apparent that alternate roles for residential schools were predicted and that, though it was not stated at the time, the reaction of the residential schools to these varied roles would, in essence, serve as the reason for the continuation and, in some cases, the expansion of many of the traditional residential programs.

Given the potential for residential schools to maintain the status quo, awareness of a need to change roles was noted. The very nature of the residential programming spectra prior to PL 94-142 lulled residential schools into a very narrow stance, especially considering that in most states there was no competition for sensory impaired students. Many residential schools were pre-occupied with serving the students already in-hand. Those residential schools that failed to recognize the need for change after PL 94-142 found themselves with a decreasing population and a population that was much different than what was traditionally served by these institutions. Fortunately, many residential schools, perhaps because of need and perhaps because of aggressive and entrepreneural leadership, altered their programming modes and have taken the residential schools into an arena of services that widely

expands the scope and, more importantly, provides diversification of services on a statewide basis to the sensory impaired.

In order to assess what services were being provided in residential schools, 95 private and state residential schools for the sensory impaired were contacted and asked to identify those services that they provide that they would consider exemplary or innovative; 37 responses were received (39.9%). Many of the services being reported by residential schools in 1984 reflect back to those services indicated as being needed and desired in the five projective studies.

The following will attempt to summarize how various schools among those serving the sensory impaired in the United States have addressed key issues:

I. Networking (Improved Communications with LEA's)

Given reduced resources and expanded roles by LEA's and other state agencies, it was imperative that the residential school become involved, and in many cases, originate a network to serve the sensory impaired. Examples of this network can be shown in the State of Florida where individuals from the Florida School for the Deaf and Blind meet quarterly with State Department of Education officials. In Texas, outreach and evaluation services are provided (for public schools) by the residential schools. In Utah, extension classes from the residential schools are held in local LEA's. At the Alabama Institute for Deaf and Blind expanded efforts in vocational education, the Job Training Partnership Act, and kindergarten units within LEA's indicate an expanded involvement with those agencies having a responsiblity to serve the sensory impaired. Throughout all states reporting, a closer relationship with the office of Vocational Rehabilitation was indicated.

II. Parent Infant Programming/Parent Education

The need to serve the sensory impaired at a younger age and to provide parent education and parent support services is indicated by the number of states now providing such services from a residential school base. South Dakota, Missouri, Iowa, Utah, Alabama, and Georgia are all actively involved in parent infant education or parent education. These services are provided not only at the residential school site but on an outreach basis, and, most importantly, often in the home of the sensory impaired individual.

III. Multi-service Agencies/Diversification of Population

Given the role of the LEA in serving sensory impaired and an increased number of indentifed sensory impaired individuals with additional handicaps, residential schools have moved significantly away from serving what would be referred to as the traditional sensory impaired child. Schools in Missouri and Iowa serve the multihandicapped student. The American School for the Deaf, the Washington State School for the Deaf, as well as South Carolina School for the Deaf and Blind serve emotionally handicapped, hearing impaired/visually impaired students. The adult population is gaining recognition as a group needing services, especially at the South Carolina School for the Deaf and Blind, the Perkins School in Massachusetts, and at the Alabama Institute for Deaf and Blind. Many of the schools have served the deaf-blind population since the late 1960's -- Texas, Alabama, Mississippi, Perkins all have significant deaf-blind programs. On the horizon is an increased effort by many of the schools to reach the aging population; that population with unknown needs and with no agency having a mandate to serve the identified population.

IV. Changes in Curricula to Meet the Needs of the Consumer

The ability of a residential school to modify its curriculum is paramount to being able to diversify the level of services and the types of services being provided. Fortunately, many schools have aggressively pursued curriculum changes in order to meet the needs of their constituents. Vocational education and career education along with career clusters are apparent in the programs of Arizona, Iowa, and the Alabama Institute for Deaf and Blind. The Florida School for Deaf and Blind has a significant effort in gifted education underway. Summer programming is prevalent in many of the schools, especially in Maryland and in Florida. JTPA efforts within Wisconsin and Alabama provide linkages with vocational education and the job community. The Colorado School for the Deaf and Blind has an active Junior Achievement program, whereas Pennsylvania and Utah have concentrated their efforts in the research arena. Throughout the programming efforts, work experiences and movement of the sensory impaired away from the residential schools and into the community is an apparent trend that is providing many positive returns, especially related to job placement.

V. Independent Living and Life-long Care

Issues related to training in independent living and life-long care surfaced when the populations of residential schools began serving the multihandicapped student. The North Carolina School for the Deaf has an established program of half-way houses, allowing the student transition between the residential school and community-based living. The Florida School for Deaf and Blind has received federal support for the development of a comprehensive independent living program for the deaf-blind student. Throughout many states, independent living homes

have been established. Texas School for the Blind has five independent living homes serving all levels of sensory impaired individuals. Pennsylvania School for the Deaf attempts to replicate the home environment, and at the Alabama Institute for Deaf and Blind renovated homes in the community are being utilized for independent living training. Throughout the reporting schools, there is an aura of moving away from restrictive campus attitudes and one that reflects the need for the students to develop skills in independent living.

VI. Summer Programming

The availability of campus facilities and faculty at the residential school during the summer has become an excellent resource for an expanded role by residential programs. South Dakota School for the Blind provides evaluation services, counseling, and recreational opportunities for sensory impaired individuals during the summer. The Alabama Institute for Deaf and Blind instituted a college preparatory program for those students who are college bound, so as to allow for additional adjustment services. The Texas School for the Blind provides a summer program for talented and gifted sensory impaired individuals, while the Perkins School provides career planning weekends for mainstreamed visually impaired students. Learning vacations, designed after the Gallaudet model, are provided at many residential schools where parent involvement and parent training become an integral part of services to the sensory impaired individuals. Additionally, many schools are providing four-to-six-week summer sessions for the maintenance of skills learned during the regular academic year, and for intensified training of specialty areas such as aids and appliances, mobility, Braille for the visually impaired, and intensified auditory training and speech for

the hearing impaired. Summer programming options are much more flexible. Given the diversified needs of the population, the potential for non-transitional progamming during the summer appears to be unlimited.

Other Programming Efforts

Many of the reporting schools indicate the involvement in material development and consultation with LEA's and other special schools. Teacher training and alliances with teacher-training institutions provide the residential schools with the opportunity to serve as a base for practicum and intern placements. The residential school can provide adjunct faculty and consultation to those teacher-training programs with limited staff and resources. Additionally, efforts in the field of mental health, aging, and issues related to life-long care are now not being avoided by residential schools, but are being aggressively pursued.

The residential school is no longer passively receiving the sensory impaired student and providing what would be classified as a traditional residential school program. Residential schools are aggressively marketing their skills and techniques, for they are in the place where the most resources are available to serve the sensory impaired, and it is now being recognized that those services need not be limited to traditional residential settings.

LEA's and other state agencies are recognizing the competency of residential school personnel, and also the difficulty in providing a comprehensive service delivery system for low-incidence populations, thus, out of necessity, and in some cases, aggressive marketing and pursuit of programming, the residential school becomes the catalyst for developing a program that is diversified and that, most importantly, meets the need of the

sensory impaired individual. Residential Schools are, indeed, meeting the challenge of the future.

TRENDS IN EDUCATION OF DEAF CHILDREN

I. Mainstreaming/Least Restrictive Environment

There are presently policy development activities at the national level in regard to the concept of least restrictive environment and the implementation of this concept. It is widely recognized that the public, as well as many professionals, do not have a clear understanding of the concept of least restrictive environment. The terms "least restrictive environment" and "mainstreaming" are often used synonymously when discussing placement of handicapped students, however, this is incorrect. Least restrictive environment mandates a continuum of alternative placements of which placement in a regular class is only one alternative.

The Program for Exceptional Children and Youth, recognizing that there are misconceptions of the least restrictive environment concept among local education agencies, will undertake a study of the issue during the 1986-87 school year. A task force will be appointed to study the issue as it exists in Alabama and will provide direction to the Program for Exceptional Children and Youth in planning for the implementation of the least restrictive environment concept in our state.

II. Rehabilitation Services

Vocational Rehabilitation and Crippled Children's Service, Vocational Education, and Special Education have developed a written cooperative agreement based upon a mutual commitment and philosophy of placement of handicapped persons in the least restrictive environment and a commitment to the provision of coordinated services that lead to their employment. The three state agencies have agreed to plan and conduct activities together that will provide leadership to and encourage innovation by local agencies in implementing transtion plans. In addition, the agencies have agreed to collaborate on funds and personnel where possible to maximize the use of available resources.

Regional workshops were held during the past year to introduce the concept of transition to local agencies and additional training will be conducted during the 1986-87 school year. In addition, the new Administrative Policy Manual from the Program for Exceptional Children and Youth states that a transition plan is to be developed and initiated and a transition goal stated as part of the student's IEP by the end of the ninth grade or age 15. Additional training is needed by personnel at the local level in implementation of this objective. In particular, appropriate assessment and career counseling is needed for deaf secondary students in several areas of the state.

In regard to medical services needed by hearing impaired students in the state, better communication is needed between local education agencies and State Crippled Children's Service. Current audiologic information and medical follow-up reports are needed as documentation by Eligibility Committees and IEP Committees. In several areas of the state, local education agencies have not had access to this type of assessment information from State Crippled Children's Service and have arranged for medical and audiologic testing at local education agency expense. Better communication and sharing of records is needed in this regard.

III. Cooperative Agreements

Because the incidence of hearing impairment is low in the total school population, the provision of appropriate educational opportunities across a broad range of ages and abilities is difficult for local agencies. Hearing impaired students also need a comprehensive program that includes a variety of support services. Because of the low incidence of this handicapping condition and the need for support services, programs for the hearing impaired are generally expensive.

At the present time, the quality of educational programs for the hearing impaired vary greatly across the state due to the lack of coordination of services which are presently available. The Program for Exceptional Children and Youth will encourage local education agencies to cooperate in efforts to provide services to hearing impaired students by developing cooperative programs to serve students from preschool through secondary levels.

If efforts to allow for transition from preschool programs to elementary programs and from secondary programs to vocational programs are to continue, there must be better agency collaboration of resources and better coordination of funding sources to provide the comprehensive type of services needed.

IV. Instruction

The newly-adopted Administrative Policy Manual, Bulletin 1986, No. 36, which becomes effective July 1, 1986, included some changes in the documentation needed by the Eligibility Committee for identification of hearing impaired students. Previously, an individual intellectual evaluation was required for initial eligibility, however, that requirement has been removed from the current manual. For eligibility purposes, the following evaluations are required: vision screening, audiologic evaluation, an expressive and receptive language evaluation, behavior or social maturity rating scales, and individual educational achievement and/or diagnostic tests. In the Resource Manual for Hearing Impaired which is to be developed by the Program for Exceptional Children and Youth staff, an explanation of the evaluations needed will be included as well as suggestions for particular assessment instruments to be utilized. The Resource Manual will also include a section addressing the individual intellectual assessment of hearing impaired students, when this type of evaluation may be appropriate, and suggestions of assessment instruments for this purpose.

The Administrative Policy Manual also addresses vision and hearing screening. This screening must be done at least once prior to the end of first grade as well as additional periodic screenings as determined by the local agency. Any student referred for special education should have vision and hearing screening as the first step in the assessment process.

Although there is now a regulation requiring that screening be performed, screening procedures vary greatly among the local education agencies. The Program for Exceptional Children and Youth has recently completed a survey of hearing screening procedures used by local education agencies in the state and addressed the need for a workshop on hearing screening procedures. Many local education agencies expressed the need for further training in this area, therefore, a workshop will be planned during the next year for this purpose.

IV. Instruction (continued)

Generally, each local education agency has developed its program according to the needs of students within its geographical area. Teachers in hearing impaired programs have expressed a desire for more consistency in curriculum among programs. When students transfer between local education agency programs or the Alabama Institute for Deaf and Blind, valuable time is lost while extensive evaluations are done to determine the student's present level of performance. If a curriculum was utilized by all hearing impaired programs, including preschool programs, better instruction would result. It would also be important to involve the personnel in hearing impaired teacher training programs in meetings about curricula so that graduating students can be familiar with curricula utilized in the state.

Furthermore, the Program for Exceptional Children and Youth will continually review hearing impaired programs in local education agencies and recommend procedures for better coordinating existing services. A greater emphasis will be placed on training the special education administrators in program development for the hearing impaired through workshop presentations and the use of the Resource Manual for the Hearing Impaired.

There exists an ongoing need for more training for personnel serving the hearing impaired. The Program for Exceptional Children and Youth will sponsor a workshop in July 1986 for all teachers of the hearing impaired in local education agencies to receive training in the use of assessment instruments for evaluating the language of the hearing impaired. Regional workshops will be held by the Program for Exceptional Children and Youth staff to address changes in the new Administrative Policy Manual during early fall for all special education administrators.

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August 27, 1986

Dr. Susan R. Easterbrooks
College of Education
Jacksonville State University
Jacksonville, Alabama 36265

Dear Dr. Easterbrooks:

In response to your recent announcement regarding briefs for inclusion in the Investigative Forum, I would like to submit the enclosed under the heading of Trends in Education of Deaf Children. I understand that some of the other briefs were presented at the COSDA Convention this past July. Unfortunately, there was no one available from the ECHO staff to present our brief at that time.

Thank you very much for your attention to this matter.

Sincerely,

Angela P. Naccari

Angela P. Naccari, M.S., CCC-A
Audiologist and Teacher of the
Hearing Impaired

lk
Encl.

RESEARCH - TEACHING
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THE AUDITORY-VERBAL METHOD: A VIABLE OPTION IN EDUCATION OF HEARING IMPAIRED CHILDREN

There are several methods for training children who are hearing impaired including the use of hearing alone (auditory), cued speech, speech reading (visual), and the use of signs and/or fingerspelling with speech (total communication). No one method is a panacea, and to completely rule out the use of any one particular method may be disasterous.

There is little debate over the right of hearing impaired children to have the opportunity to develop their potentials to the fullest degree. The argument, today, is centered on the best way to achieve this goal. The status of habilitating and educating the hearing impaired child today is a montage of strong differences in philosophy associated with an apparent reluctance to join forces. A sensible decision cannot be made by parents until they are provided with some insight into the value of a specific program of educating their hearing impaired child. Providing this insight is the responsibility of the professionals involved in this area of education. Unfortunately, an appalling ignorance and lack of sensitivity regarding the abilities and potential of hearing impaired persons is displayed by far too many of those in a position to be supportive, if not innovative.

Auditory-verbal education, which utilizes the residual hearing to develop speech, is one viable option in educating the hearing impaired child. It is in contrast to the visual-oral

approach, which teaches lip reading, and the tactile-oral approach, which uses touch (to the throat-neck). It is extremely unfortunate that some hearing impaired children will not have the opportunity to develop their speech and language skills through the auditory-verbal method because of the reluctance to use or recommend it by some of those involved in the more traditional methods of educating the hearing impaired child.

The primary reason for the hesitancy to employ the auditory-verbal method is, ironically, a reflection of the success of the method itself. That is, students of the auditory-verbal method who are mainstreamed into classrooms of normal hearing children do not need to rely on the services provided by proponents of conventional methods of education for the hearing impaired child (such as sign language, etc.) and, therefore, are seldom seen by them.

The ultimate purpose of educating hearing impaired children is to prepare them to function as independent adults. In order to achieve this goal, they must be equipped with an adequate level of communication skills. A prerequisite for this is the use of verbal language. There is no substitute for the information, specific and nonspecific, derived from listening. The subtleties learned through the use of hearing are the foundation of personality development, communication skills, and a life of quality.

Although deficits in the area of communication skills occur at an early developmental age (by three years), many programs will not accept infants or very young children. The ECHO Foundation opposes this policy, and offers a parent-infant training program of auditory-verbal education for hearing impaired children from infancy into elementary school age.

ECHO was established in 1976 to offer parents in the Birmingham area a choice in the mode of educating their hearing impaired child. (Prior to that time "total communication" was the only method available.) It is ECHO's philosophy that a hearing impaired child must be equipped early with the communication skills necessary to function independently in a speaking/hearing society. The following factors are considered essential in implementing this approach:

1. Early identification of hearing impairment in infants and children
2. Utilization of residual hearing through prompt and appropriate binaural amplification and constant auditory stimulation
3. Vigorous and unrelenting participation by the family, especially the parents or guardians
4. Mainstreaming of hearing impaired students into classes of normal hearing peers
5. Ongoing medical evaluation for etiology and monitoring for progression of hearing loss

The ability to communicate is almost intuitively developed by normal children. This is not so for the child with a severe to profound hearing loss who is characterized by a developmental failure in perceptual and linguistic skills. Without dispute, there is a critical, or sensitive, learning period for language development. The acquisition of receptive language by the hearing impaired child must be undertaken at the earliest possible age, if he/she is to benefit from optimum language development.

The auditory-verbal method of educating hearing impaired children offered by ECHO utilizes residual hearing to develop speech. It is estimated that 96-98% of hearing impaired people have some degree of usable residual hearing. As might be expected among a group of children learning speech communication skills, those who have the most residual hearing will tend to have the best speech. However, even profoundly deaf children, when properly aided, can identify their own sounds and the sound of others, control their voice patterns, identify environmental sounds, identify vowels and consonants, and learn to speak and develop language. Through auditory training, these children learn to develop their listening skills and to listen for very soft sounds.

Once the hearing loss has been identified and adequate hearing aids obtained, auditory stimulation for the child should begin immediately. ECHO strongly encourages the parent(s) as the

primary teacher(s) of their hearing impaired child, augumented by a team approach using the services of professional educators, audiologists, pediatric audiologists, occupational therapists, speech pathologist/therapists, and physicians.

Public Law #94-142, the Education for All Handicapped Children Act, of 1975, illustrates the awareness of Congress of the advantages of educating handicapped children with "normal" children. This federal laws focuses on mainstreaming handicapped children in the educational process. ECHO, in agreement with this law, advocates mainstreaming the hearing impaired child into normal hearing nursery schools by age of three years, or as early as possible. Unlike other modes of "oral education," that advocate classrooms consisting totally of hearing impaired children, the ECHO Foundation prefers that only one hearing impaired child be placed in a classroom, and not two or more where the hearing impaired might congregate. In a class of hearing peers, the hearing impaired child will have models of normal language behaviors rather than models of faulty or impaired language skills of other hearing impaired children. ECHO further believes that no hearing impaired child of today should be isolated in a world of silence, surrounded only by those who are similarly impaired. Once mainstreamed in a class of normal hearing children, the progress of the hearing impaired child is closely monitored by the parents and the staff of ECHO

to identify quickly any potential problem and, if necessary, to intervene promptly with additional support services.

Following the initial diagnosis of a hearing impairment, ECHO implements a a strict program of audiological and medical monitoring. Tympanograms are obtained before each therapy session (weekly) to determine the condition of the middle ears. Proper referrals or recommendations for intervention are made if a middle ear problem is suspected. Aided and unaided audiograms are obtained at least every six months until the the age of eight years and yearly thereafter. If a progression of the hearing loss is suspected at any time, medical evaluation of the ears is sought followed by more frequent monitoring of the hearing. Certain diagnoses (i.e., meningitis, viral infections) require more frequent monitorings initially due to the greater risk of a progressive hearing loss.

ECHO students receive early auditory stimulation, without the use of visual clues, which teaches them awareness, recognition, comprehension and discrimination of environmental sounds, voiced sounds, and speech sounds. From the acquisition of these skills, the students progress to more difficult auditory tasks such as auditory memory for single words (progressing to complex sentences), and following auditory direction.

ECHO follows the same developmental pattern seen in children with normal hearing, drawing upon daily experiences as learning stimuli for their hearing impaired children. By the time these

NEEDS IN POSTSECONDARY EDUCATION

In recent years, there has been increased interest by the hearing impaired in seeking higher education opportunities. The vast majority of hearing impaired individuals, however, do not view higher education as a viable option. Efforts to provide special services to hearing impaired students in postsecondary programs have been minimal and on an ad hoc, sporadic basis. Gaining admission to an institution does not necessarily connote access to higher education.

Legislation mandating free and equal educational opportunities for the handicapped student has been in place for over a decade. An entire generation of hearing impaired students has been provided access to educational opportunity and special accomodations to meet their needs and will expect similar response from postsecondary institutions. With the influx of hearing impaired students at the postsecondary level, immediate attention must be focused on accessing the hearing impaired student participation in postsecondary education.

Among the immediate concerns to be addressed are the following:

1) Inadequate funding exists for services to the hearing impaired. Legislations assuring funding is mandated.

children are approaching first grade, they are able to understand language like other children their age. Furtnermore, their ability to speak, although delayed, is still adequate for communicating and they are able to function and succeed in a classroom of normal hearing children.

Children at ECHO are evaluated once after the first year and every six months thereafter. The progress in the development of listening, speech, and language is ascertained. After one year of therapy, a good impression for success with the auditory-verbal method can be made; although, it may take longer to build the foundation for verbal speech and language (up to 18 months) with some children. Time is an important factor and, realizing that there is no single method that is appropriate for all hearing impaired children, another method will be promptly recommended should the auditory-verbal method not fulfill the language needs of a child.

The auditory-verbal method is a viable and effective approach to teaching hearing impaired children. The members of the International Committee on Auditory-Verbal Communication of the Alexander Graham Bell Society estimate that 50-75% of all profoundly deaf children can learn speech and language through the auditory-verbal employment of residual hearing. They further estimate that children with moderate hearing losses (0-65 dB) should predominately be successes, and those with severe hearing losses (65-85 dB) should be 75-90% successful. A child trained

under this system is able to communicate and interact socially using speech and language skills, and without the use of alternative methods such as sign language or fingerspelling that isolate him/her from most of our normal hearing society. Even those children who are exposed to the auditory-verbal method for only a limited time, for whatever reason, develop a keener sense of awareness of their surroundings through development of their LISTENING that cannot help but increase the quality of their life. By stressing early identification, amplification, and auditory stimulation, the auditory-verbal method seeks to eliminate hearing impairment as a handicap to independent living and successful participation in a hearing society.

NEEDS IN POSTSECONDARY EDUCATION

and

STATE LEGISLATIVE CONCERNS

prepared by

Jamie S. Flanagan, J.D.

July 1986

2) Available state resources should be allocated based on functional needs of the student, rather than the type of disability.

3) There exists inadequate staff resources for services to the hearing impaired in postsecondary educational programs.

4) Interpreter training programs must receive greater impetus to assure qualified interpreters are available at the postsecondary level.

5) Increased networking and cooperative efforts between all agencies, personnel, and advocacy groups serving the hearing impaired to increase access and opportunities for the hearing impaired student.

6) State codification of non-discrimination based on handicap in areas of employment, education, programs and services parelly federal legislation.

7) Hearing impaired applicants with special high school certificates of attendance to postsecondary institutes should not be automatically denied admission due to lack of high school diploma.

8) Efforts need to be increased to promote greater awareness of the needs of the hearing impaired student within the educational section as well as the public sector.

9) Continuing education workshops and seminars should be developed and implemented to provide in-service

training to faculty, administration, and staff at the postsecondary level.

10) "Accessibility" must be redefined in regard to hearing impairement, not limited to physical structures.

11) Communication between the secondary educational programs and postsecondary educational programs must be increased to assure smooth transition from the secondary to postsecondary learning environment.

12) Due to budgetary constraints and the limited population served, duplication of programs and services should be discouraged to assure cost-effective and maximal use of resources to serve the hearing impaired student.

13) State-wide or institutionally mandated standardized tests should be examined to determine whether such tests have a discriminatory impact on the hearing impaired student; and if such is the case, that there are no less discriminaroty alternative evaluations which could assess the same knowledge or skills.

14) All postsecondary institutions and programs should be examined to determine the degree of accessibility of the institution as a whole and to ensure discriminaroty policies do not exist at each institution. (See attached addendum.)

15) Career counseling and job placement should be priority areas in postsecondary programs.

16) Cooperative education programs within the postsecondary institution should be developed and implemented where appropriate. Stronger links between business and postsecondary education could be forged.

STATE LEGISLATIVE CONCERNS

Section 504 of the Vocational Rehabilitation Act of 1973 in effect codified tthe constitutional right to equal protection with respect to the handicapped. The statutory language prohibiting discrimination based solely on the handicap is subject to broad construction by the courts resulting in broad interpretations as to what constitutes equap opportunity and accessibility.

A few states have subsequently enacted state legislation codifying the rights to equal protection, opportunity and access, delineating what measures must be taken and adhered to in all areas of the public sector to ensure non-discrimination. The statutory language should parallel the federal law, but further clarify the scope of the rights protected, thereby preventing arbitrary and capricious interpretation of the rights protected, particularly in the areas of education and employment.

In the area of education, the following provisions should be incorporated into such a statute: (Similar language could be incorporated into laws protecting against non-discrimination in the work place.)

1) Intent of the legislature in enacting the law: Discrimination on the sole basis of handicap to an otherwise qualified individual is prohibited. No individual in this state may be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this law.

2) Students with verifiable disabilities shall be assured access to all campus programs and activities of those public postsecondary

educational institutions for which they are academically qualified.

3) The criteria for admission to an institution, program, or course shall not have the effect of restricting access by persons with a particular handicap.

4) Postsecondary applicants with Alabama special certificates of attendance should not be automatically denied admission to postsecondary institutions. Such determinations should be made on an individual basis.

5) Students shall receive those supportive services as are necessary to permit equal access and full participation in educational programs offered at postsecondary educational institutions.

6) Unnecessary segregation of the handicapped in any course, program, training or activity is prohibited unless to do otherwise would result in handicapping or inhibiting the disabled student.

7) An educational institution which operates or sponsoring interscholastic, intercollegiate, club, or intermural athletics shall provide equal athletic opportunity for the disabled student.

8) Examinations and evaluative criteria should not have a discriminatory impact on the disabled student. If such an impact results, the burden is on the educational institution to show that there was not a less discriminatory evaluation alternative measure to assess the skills or knowledge.

9) Universities, junior college, and vocational technical schools shall designate on as more staff personnel to coordinate programs and services for disabled students.

10) State funds shall be made available to universities, junior colleges, and vocational technical schools to provide supportive services adequate to meet the needs of students with disabilities.

11) State resources shall be allocated on the functional needs of the disabled student, rather than the type of disability or than on a percapita ceiling limit.

12) State and federal vocational rehabilitation funds shall be utilized on a matching basis to support reader and interpreter services to eligible rehabilitation clients.

13) Periodic reviews of educational agencies shall be conducted to determine compliance with this section, and agter a finding that an educational agency is not in compliance, steps must be taken to attain compliance.

14) All postsecondary educational boards shall submit data and information necessary to determine compliance with their section within a prescribed date.

15) A position with responsibility for Postsecondary Disabled Student Educational Programming shall be created in the Department of Education, filled by an individual with academic preparation and experience in the policy issues, legal requirements, and learning needs of postsecondary disabled students.

16) Studies shall be conducted and monitoring of programs shall be continued to assess the effectiveness of methods and strategies designed to increase participation of students in programs and courses in which the disabled student has previously been underrepresented and unsuccessful.

17) Technical assistance shall be provided to educational institutions to ensure compliance by instructing the institution in remedies for prevention and/or correction of discriminatory practices.

In addition, a state-wide legal defense fund for the deaf needs to be established to ensure equal protection of the laws for the deaf citizen, to ensure qualified interpreting services will be provided at the institution of all civil or criminal proceedings, and if such is not provided, legal remedies are pursued,

- to educate the deaf population through public awareness seminars as to their legal rights,

- to provide legal consultation to attorneys representing deaf clients,
- to promote state legislative efforts to expand the legal rights and opportunities for the deaf in Alabama.

A COLLEGE PREPARATORY PROGRAM FOR THE SENSORY IMPAIRED: POSITIVE RESULTS OF AN INTERAGENCY NETWORK OF SUPPORT

SUMMARY

THE PROBLEM

Every year many students leave college without degrees for a variety of reasons according to Edwards and Waters (1982) which include low grade-point averages and a "general disatisfaction with college life". Ouellette (1985) reports that only 5.3% of the 5,018 deaf students she surveyed who had entered a bachelor degree program, received their diplomas. Many of these "dropouts" represent a loss of time, a loss of money and disillusionment by the student and by vocational rehabilitaton counselors alike.

THE METHOD

In his predictive model of student withdrawal, Tinto (1975) states that the better integrated a college student becomes socially and academically, the more satisfied that student will be with college life. The curriculum for the College Preparatory Program consists of college level course work in classes with non-sensory impaired students. These courses are taught on a college campus by instructors who are unfamiliar with the special needs of sensory impaired learners. The students live in dormitories with rules similar to those found on other college campuses. Special student services and equipment are provided if they are requested by the students. The total college experience is contolled by staff members in what Harris (1980) refers to as "structured reality". By controlling the structure of a college experience through simulation, predictable, positive outcomes are more likely. This program offers a learning, reality oriented atmosphere with structure and opportunities for supportive and directional feedback. With this experience these students will be better able to react appropriately the array of freedom and responsibility found in college and thereby able to integrate more successfully.

THE NETWORK

The Vocational Rehabilitation and Crippled Children Services and the Alabama Institute for Deaf and Blind provide funding and staff for this program. Representatives from several other Alabama based service agencies provide technical assistance to the program staff and some direct instruction to the participating students. Talladega College provides instructors, classrooms, registration and related experiences through a special agreement with the Alabama Institute for Deaf and Blind. Regular and special student services representatives from various colleges and technical schools provide consultation to the program staff, direct instruction and specially designed tours of their respective campuses. Participating schools include University of Alabama at Tuscaloosa and Birmingham, Jacksonville State University, Gadsden State Jr. College, University of Montevallo and Nunnelley State Technical College. Consistent, clear communication to these schools and service agencies has established a firm network of support for the College Preparatory Program. Key to the success of this network were the initial contact that stated the benefits of this program to all concerned and full administrative support from both sponsoring organizations.

RESULTS

Questionnaires and student-tracking efforts indicate that students, vocational rehabilitation counselors, parents and others are more aware of what a successful college experience may require. Detailed student progress reports have aided in career planning and related funding decisions. The network of support will expand by involving other service and educational agencies. The collection and analysis of data from this program will assist sponsoring agencies and postsecondary programs in predicting and enhancing a successful college experiences for sensory impaired students.

INTERPRETING SERVICES

The new Administrative Policy Manual, Bulletin 1986, No. 36, addresses the Interpreter in an educational setting. The qualifications for an interpreter are outlined in this section of the manual which was developed by representatives of the Alabama Registry of Interpreters for the Deaf. Recommendations for a pay scale are not included in the manual since salary schedules are a local agency decision.

The Program for Exceptional Children and Youth has recently been contacted in regard to a need for trained Cued Speech interpreters. There seems to be a limited number of persons trained in Cued Speech in Alabama, therefore, this area needs to be addressed by the Alabama Registry of Interpreters for the Deaf.

Brief Format

Presenter: Sue Scott

Organization Affiliation: Interpreter Training Program

S. D. Bishop State Junior College

Topical Area: Interpreting Issues

Discussion

The Registry of Interpreters for the Deaf defines interpreting as the act of rendering a message from one signed or spoken language to another signed or spoken language. This definition encompasses a wide range of skill levels as well as various modes of transmission. Realizing that the readers of this brief will also range from persons inexperienced in using interpreters to highly sophisticated users of services, definitions of the measurable continuum of Comprehensive Skills Certificate to State Screened Level I, and modes of transmission of interpreting and transliterating are as follows:

LEVEL I ability to voice or interpret expressively at 65% accuracy, implying ability to function where full interpreter control is possible.

Level II ability to voice or interpret expressively at 75% accuracy, implying ability to function where partial control is possible

Level III ability to voice or interpret expressively at 85% accuracy implying the ability to function where minimal interpreter control is possible

TRANSLITERATION CERTIFICATE - ability to convey a message from spoken English into a manual code for English and vice versa

INTERPRETING CERTIFICATE - ability to convey a message from spoken English into appropriate American Sign Language or more ASL Signing and vice versa

COMPREHENSIVE SKILLS CERTIFICATE - ability to interpret/transliterate using either a manual English code or American Sign Language in an interpreting/transliterating situation utilizing the communication mode of the hearing impaired individual and most effectively facilitating the communication between the hearing and hearing impaired individuals.

AVAILABILITY OF TRAINED PERSONNEL

According to the Vocational Rehabilitation Services in-house list of interpreters dated 12/30/85, more than 134 interpreters have been identified from Level I to CSC (Level I - 32, Level II - 33, Level III - 32, IC/TC - 5, CSC 27, RSC - 5). Of course, some of these were tested as far back as 1978 and have not retained their skill level these past eight years. This list can be very misleading and for that reason is restricted to in-house use only. Another survey done by the Alabama Consultant on Deafness and Mental Health, showed qualified interpreters are available in only 15 of Alabama's 67 counties. Recognizing that an interpreter possessing a CSC minimum competency is ideal for any given situation, the ideal is far from reality. Lesser skilled interpreters do meet specialized needs of consumers requesting services that are within the interpreter's realms of skill. However, the task of

matching skill level to consumer is a monumental task requiring not only knowledge of skill levels, but training, background and preferences. In many interpreting situations, sex, age, religion or race can be a factor in the appropriate match of interpreter to consumer. In my own experience, matching a voice interpreter to the deaf person was accomplished the best way - same sex, race, approximate age, only to "hear" the complaint that the voice interpreter had a too effiminate voice for such a masculine deaf speaker. Therefore, there is no way to guarantee that any interpreter can effectively meet every requirement placed on him/her - and this is assuming that available interpreters are found!

Area referral centers would be an answer to this problem. A local interpreting pool would be developed for each area of the state. The most qualified interpreter who also meets other essential requirements will be contacted first; if this interpreter is unable to fulfill the assignment, the referral center would proceed down the list of local interpreters until one is found. However in highly sensitive situations such as mental health or most legal situations, outreach must be initiated if necessary to find the most qualified interpreter, even outside the geographical area. Following this process the highly skilled interpreter will be given first preference, and lesser skilled interpreters will be used secondly.

> "The National Office of the RID (1983:2-3) took a hypothetical example of a state with 1000 deaf residents where each deaf person is provided with one hour of interpreting per month.

> In this imaginary state, there will be 12,000 hours of interpreting annually. How many interpreters are needed to meet this demand for interpreting servides? Assuming that one interpreter can function effectively working between 20 and 25 hours per week, the interpreter will be working 1,040 and 1,300 hours. Between 9 and 12 full time interpreters would be needed to meet the one hour per month per resident estimate of interpreting service. We might revise this figure upward when we realize that these full-time interpreters will each need two weeks vacation time. The figure would need revision depending on scheduling. If two requests are received for the same time slot, more interpreters will be needed; if two requests are received for the same event, one interpreter might be able to cover it. And of course, we cannot forget the original hypothesis: each deaf person will receive only one hour of interpreting per month, only twelve hours per year."

Recently I met a staff interpreter from Federal Express. She was formerly an interpreter for the school system in Tennessee and did free lancing on the side. She did so much interpreting for the Federal Express and their deaf employees that the company created a job for her so that she could be used more effectively within the company. She had easily demonstrated that her service was well worth the cost of creating a new position. What a breakthrough for interpreters!

When one considers educational interpreting needs, the demand for qualified interpreters again drastically increases the number needed. In Mobile alone, four full-time staff interpreters are needed for twelve mainstreamed students, only two of which are mainstreamed full time. Duplicate this need in other metropolitan areas without overlooking the rural areas, and we barely meet the minimum need of interpreting services.

TRAINING PROGRAMS

Sign Language classes are taught in many places and in many ways throughout the state of Alabama. Churches, community activity programs and post secondary institutions offer classes. No standard formal requirements are established in the hiring of instructors. Again, from my own experience, I remember a young man who was taking my beginner night class on Mondays, borrowing my book weekly, and was teaching a class on Thursday nights at a near by college. He had no previous training - only a deaf girl-friend of a short time. The question can be raised, "Who is qualified to teach?" My concern is not so much that unqualified people are teaching, but that they are ignorant to their own unqualifications; i.e., they think they are qualified. They do not realize the misrepresentations they are. If they did, then appropriate steps could be taken to remedy their inaccuracies.

Now, let us now move beyond the basic sign language class to the extended training programs. Only two formal training programs exist in our state, University of Alabama in Birmingham and S. D. Bishop State Junior College in Mobile. Here at Bishop State our records indicate that out of twenty completing the program, 60% (12) received some level of proficiency thru ALRID Quality Assurance Program. Level III - 6, Level II - 4, Level I - 2) and 80% (16) are employed using their skills directly on the job. The other 20% (4) are seeking higher degrees or work

in a field unrelated to deafness. Using the hypothetical situation given before of one deaf person requiring one hour of interpreting service per month or 12 hours per year, Mobile has approximately 800 deaf persons. (800 x 12 = 9600 hrs. interpreting services needed per year) If one interpreter can effectively provide 20 hours per week, then at least 9 interpreters are needed (9600÷1040) We can identify only three interpreters locally that can or will free lance. Others are employed and or otherwise unavailable. We need six more interpreters available weekly for the demand. However financial compensation is the problem as many local agencies still are not in compliance with Section 504, and many deaf persons are still unemployed or grossly underemployed and cannot afford to pay out of their own pockets. Presently, we have eight more potential interpreters in our program now; of these eight, only four or 50% want full-time jobs as interpreters. We will barely meet the demand of the hypothetical example by the end of 1987.

APPROPRIATE USE OF THE INTERPRETER BY CLIENT AND AGENCY

INTERPRETER AND PROFESSIONAL STATUS

The Registry of Interpreters for the Deaf has set forth eight (8) guidelines of ethical behavior to assist not just the interpreter, but the deaf consumer and agencies requesting service. Most recognized professionals have their own written rules of conduct from the American Medical Association to the Alabama Board of

Cosmetolcgy. The codes are frameworks from which the professional can function. Consistency of expectation and equalization of experiences are results of such codes. The interpreter is in a unique position as a facilitator of communication - meaning the interpreter is probably the only person in the situation that supposedly "knows" all of what is happening. The interpreter supposedly is bilingual as well as bicultural. For the purposes of this brief, I will address two secondary issues under this section. Supposedly all interpreters are professional. That really is an issue, as not all interpreters are professional. A professional is an expert in his/her area, does not need supervision, is salaried, bases decisions about clients on the needs of the client and not on self interest. Relations with clients are characterized by effective neutrality, and the professional makes decisions and behaves in a certain manner based on special knowledge and acquired skills. Now, with those thoughts in mind, how many professional interpreters are available in that list of 134 given before? The number dwindles considerably.

We have in our state, many people who sign who claim they are interpreters. We have many quasi-interpreters who claim they are professional. Until, we, the professionals develop a watch dog attitude and a reprimandatory responsibility, professional interpreters will never be given the status we deserve.

Secondly, when we are recognized as professionals then and only then will we be appropriately used by clients and agencies and appropriately compensated.

Yes, physicians, lawyers and even hairdressers provide some gratis service; yes, even nurses and executive secretaries make decisions concerning the well being of their patient or boss without the consultation of the latter. The professional knows when it is necessary to extend beyond their code of ethics. That is the mark of a professional!

We have many quasi-professionals and many paraprofessionals in the interpreting field. We professionals are far behind in monitoring our own profession. If we want professional status, we must work for it, fight for it and stand for it. We are not educators of the deaf; we are not missionaries to the deaf. We are interpreters for the deaf!

THE EDUCATIONAL INTERPRETER AND THE CODE OF ETHICS

The educational interpreter is present in many educational settings from pre-school to universities which require a wide range of skills. The interpreter is expected to possess knowledge of technical vocabulary in body and fender repair to notetaking skills for the high school mainstreamed student in algebra. The issue here is that the interpreter's role and function changes in each situation. A preschool or elementary school aged hearing impaired child cannot be expected to perform the same way as a

college age hearing impaired student. The interpreters Code of Ethics state that the interpreter shall keep all assignment-related information strictly confidential; however the interpreter is a valuable asset to an IEP meeting. The interpreter many times is the only person fully cognizant of the hearing impaired child's capabilities. The Florida Registry of Interpreters for the Deaf has drafted a code of ethics for educational settings. Realizing that the existing RID Code of Ethics is inappropriate in the elementary and secondary setting, another set of guidelines was devised by the FRID and Florida Department of Education which gives the interpreter/transliterator the freedom to discuss the child's functioning on a regular basis with supervising teachers and/or designated administrators and also gives the interpreter/transliterator more participatory rights.

At the 1982 RID convention in Denver, a special interest group was formed to address the issues of dual roles, code of ethics, and responsibilities to other members of the educational team. Hopefully, our professional organization of interpreters will provide the ongoing forum of identifying needs and appropriate workshops on the national as well as local level. In the meantime, ALRID can temporarily adopt our neighbors stance until our professional organization provides unity in direction.

THE PAY SCALE

Throughout this brief, it has been pointed out that interpreters

work in a variety of settings, at a variety of skill levels and now it must be pointed out at a variety of compensatory levels. Rates of pay have been established at hourly rates by ALRID depending on skill level, hourly rates by local Social Security with no regard to skill level, hourly or daily rates by Vocational Rehabilitation Services depending on skill level or "pauper" daily rates in courts of record.

Nancy Frishberg in INTERPRETING: AN INTRODUCTION and published by RID compares sign language interpreters with other occupations. She says that historically sign language interpreters have been rated with licensed practical nurses and court reporters, occupations of which require only a high school diploma with some additional technical training. Licensed Practical Nurses generally go through 26 weeks of training, receive a certificate of completion and receive 2/3 compensation of a registered nurse. Generally training is a one year program at a state approved school. While most programs require a high school diploma or equivalent, some programs admit students with 2 or less years of high school. LPNs work under the supervision of registered nurses or physicians. Registered nurses (RNs) not only care for sick patients but promote the physical, mental and social well being of people in general. Nurses can train in three ways: a 4 year bachelors degree, a two year associate degree or complete a 2-3 year hospital diploma program. Bachelor graduates are

prepared for additional professional roles which may require independent judgement. Health education, counseling, supervision and administration are among their additional roles. There are specialized nurses which require post bachelors degrees and even PhD degrees are sought. Pay and professional status vary at each level. The same can be said for interpreters and signers. I see signers at the LPN level and Interpreters at the RN, MS, and PhD level. Interpreters must be compensated for their degrees of competency as well as in areas of specialization. Also let me add that the training agency of nursing or other occupations is not the certifying body. Graduates of ADN and RN programs must pass their state licensing board examinations which is comprised of both the training and professional groups.

Contrasting this information to 1983 RID demographic survey, 3/4 of respondents had at least 2 year college degrees and almost 30% had advanced degrees. Nancy Frishberg further states in her book that more comparable occupations with interpreters would be certified social workers or systems analysts. In Alabama I think we would do better by comparing with the Nursing field.

Lottie Riekehoff has developed absolute proficiency ratings from minimum courtesy requirement at the S-1 level (be able to order a simple meal, ask for help in finding campus resources, ask and give simple directions and tell time) to S-5 of native

bilingual proficiency. Foreign language interpreters are recognized by the Federal government with different ratings from GS 5 to GS 16. The State Department also recognizes language specialists by giving different compensation for their area and level of expertise. Many states have laws allowing self-employed independent contractors to determine their own fees. In Alabama we have no uniformity of fees. I chuckle when I recall a new and short lived recruit to the interpreting field said she heard that interpreters are paid $75/hr. I laughed and replied, "only if they can get it!" The interpreter is a paid professional who provides the communication link between hearing and hearing impaired people. The cost is <u>immeasurable</u>.

COSDA

Robin Price

Brief Topic: THE INTERPRETING PROFESSION

Current Status

I. Interpreters used in the following areas:
   A. VRS
   B. Educational
   C. Community Centers
   D. Facilities
   E. Mental Health
   F. Religious

II. Pay in areas
   A. VRS has own scale
   B. Community Centers - varies with some using VRs scale
   C. Educational - from &7,000-$15,800
   D. Facilities - use own scales
   E. Mental Health - uses VRS scale
   F. Religious - some pay, some volunteer

Current Concerns

I. Interpreters' concerns
   A. Inadequate pay
   B. Lack of professional recognition
   C. Inadequate or non-existent job descriptions
   D. In appropriate job titles
   E. Stability
   F. Benefits

II. Community concerns
   A. Availability of qualified interpreters
   B. Availability of funds to pay interpreters
   C. Availability of interpreter training
   D. On the job evaluations

Recommendations

I. Educational
   A. Establish job title
   B. Develop appropriate job description
   C. Pay reflecting skill level
   D. Minimum pay scale establishment
   E. Equal benefits

II. Community/VRS/Mental Health
   A. Use pay scale established by ALRID
   B. Consider offering contracts of quarter diration for college interpreting.
   C. Use only Nationally Certified or state screened interpreters
   D. Encourage involvement in ALRID
   E. Support existing interpreter training programs
   F. Plan funds for interpreter training in existing budgets to help upgrade skills
   G. Plan regular in-service training in sign language, culture of deafness, use of interpreters for professionals working with deaf people

INTERPRETER TRAINING

BACKGROUND: Interpreter training in Alabama has, indeed, "come a long way baby" if I may borrow the expression from the cigarette commercial. Prior to 1975, interpreter "training" in the state consisted of the following:

1. You were the child of deaf parents and your training began from the crib.
2. You had a deaf friend who taught you some basic signs and fingerspelling and then you helped him/her communicate in the community - an OJT if you will.
3. You learned the ten basic sign language lessons taught at the local Baptist Church.
4. You joined the ALRID. As a note, the National R.I.D. was only organized in 1965 and incorporated in 1972 (Frishberg,1986).

Anytime a fledging interpreter asked the question "where can I learn more about interpreting?" the same answer was given - "you just need more fellowship/association with the deaf". In truth, that's how most of us received our best training - actual involvement and experience with deaf persons themselves who shared the intricacies of a language. Thus, the deaf persons themselves trained the interpreter. Additionally, many of the interpreters who were the children of deaf parents became mentors to others explaining the deaf community, culture, and techniques of interpreting. We owe alot to the Dr. Fletchers, the Richard Joneses, the Connie Barnes, the Peggy Terrells and Mary Lou Binghams in this state for being early trainers of interpreters.

A.L.R.I.D. was also the catalyst for interpreter training as the organization sponsored annual workshops. Through ALRID we were able to receive training by some of the best - Dennis Cokely, Lottie Reikehoff, and others. ALRID served as the linkeage to other training out of state. As new interpreters, we traveled

anywhere to receive any training that was offered - to Washington, to Atlanta and to Knoxville. We were not on travel or per diem and certainly there was no compensation for our services at that time, once we were trained. What motivated us? Bruch (1978) stated that sign language interpreting developed from the acknowledgement that deaf people were prevented from achieving their full potential as citizens due to communication barriers facing deaf people. Generally this was the motivation in Alabama. In 1975, the National Interpreter Training Consortium was formed. For the first time a curriculum for training interpreters was available and interpreters were selected from each state to go to Gallaudet to be trained as interpreter trainors. In 1980, the Southeastern Interpreter Training Consortium was established under a federal grant. The University of Tennessee was awarded funding for RSA Region IV. Rather than locate all regional training at UT, they decided to identify one university in each state within the region where interpreter training could be provided. In Alabama, UAB is the affilate institution. Since 1980, a total of 45 interpreters have been added to the state pool of interpreters as a result of this training. This means they have completed training offered or sponsored by the affiliate institution and passed the state Quality Assurance Screening which ALRID conducts, or have passed evaluation by the National Registry of Interpreters for the Deaf. Of these 45, 14 are working as interpreters, 15 are employed in a related field, 10 in non-related field.

YEAR	1982-83	1983-84	1984-85	1985-86
GOAL	8	7	7	7
ACTUAL #	17	8	20	12

In addition, an interpreter training program exists at Bishop State in Mobile. According to statistics from Sue Scott, Coordinator of the Bishop State Program, 12 trainees from that program have received some level of proficiency at the State level.

ISSUES: Crucial to this testimony is the identification of problem areas in the training of interpreters. In my opinion, the same problem areas exist in Alabama, which according to the literature, are prevailing areas of concern across the entire country. These areas include (but not limited to):

1. Lack of competitive compensation.
2. Lack of marketing for the profession.
3. Lack of current research in the field.

In spite of some available opportunities for training, the demand for interpreters exceeds the available supply. I emphasize the word available because trained interpreters are out there. The greatest barrier in my opinion, which limits the availability of interpreters is lack of competitive compensation. The free lance interpreters have no benefits - such as sick leave, annual leave, insurance - none of the fringes that any other professional would take for granted on a job. It is not financially feasible for one to work several hours a day at the even highest rate. It never ceases to amaze me that people are convinced that interpreters are just sitting home "waiting" to be called out to interpret. I had the mother of a deaf student furious because no interpreter would quit another permanent job to interpret on a college level - being only assurred of one quarter's work, no leave benefits, and no health benefits. What other professional would even be expected to do this?

Hand in hand with compensation goes interpreter training recruitment. Without adequate compensation for the professional, the field will never attract the quality personnel needed, or those quality personnel will be attracted and recruited to other professions and jobs. This is happening now. Some of our best interpreters are no longer working as interpreters, but have been lured into more lucrative jobs.

WHAT IS THE JOB MARKET FOR INTERPRETERS?

Frishberg (1986) states, "the number of potential hours of interpreting work for sign language interpreters in a particular locale depends on the number of deaf people and their interaction with the larger community around them". Interpreters and deaf persons need to recognize the values of developing a market for interpreters which allowes them a competitive wage.

One of the priority areas that needs to be addressed is research. At a conference "Interpreter Research: Targets for the' 80's, five general areas of research need were identified:

1. Profile of the competent interpreter: Research is needed to identify factors in the interpreter's background, input message, and processing which lead to identification of successful interpretation. The research findings must then be transferred into aptitude tests, skills tests, and job satisfaction definitions.
2. Evaluation/certification: Research energies need to be directed into evaluation and certification in both the short and long term Immediate issues concern consistent application of materials in the various evaluation boards, and the quality and content of the materials. Longer term issues relate to reliability and validity of the certification process.
3. Entrance and exit criteria for interpreter students: Research is needed to determine the aptitudes and skills at the entry that lead to educating good interpreters efficiently (in terms of instructional personned involved, time and money expended).
4. Labor market analysis: Research on factors relating to employment of interpreters is needed to plan for adequate services and educational facilities. Questions relate to who employs interpreters and where they are located,

communication preferences of deaf consumers, and turnover anticipated in the interpreter pool. In addition, work requirements of the interpreting assignments (hours per day, days per week and year, compensation, and working conditions) will help to accurately project the needs of the market.

5. Curriculum and materials: The determination of what length an interpreting program should be and what must be taught in the core curriculum is a matter of debate currently. Research on instructional courses or practicum experiences can be conducted to learn which of the possible arrangements of curricula and materials incorporated into an educational program will lead to the preparation of competent interpreters.

RECOMMENDATIONS: Based on identified issues the following recommendation could be made:

1. Alabama needs to do an analysis of the job market to predict the number of interpreters which will be needed both on an immediate and long-range basis. ALRID needs to train its members on job development and job marketing principles.
2. A respectable fee schedule and/or salary scale should be adopted by ALRID and implemented state-wide.
3. Interpreter training programs need to be accredited.
4. Research projects need to be funded to meet the research areas previously identified.
5. Alabama should investigate the pros and cons of a licensure for sign language interpreters.

Thank you for the opportunity to present this testimony.

Respectfully submitted,

Patricia M. Sheets

Patricia M. Sheets

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

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September 2, 1986

GEORGE C. WALLACE
GOVERNOR

Dr. Susan Easterbrooks
College of Education
Jacksonville State University
Jacksonville, AL 36265

Dear Dr. Easterbrooks:

Enclosed is the paper, "Interpreting In a Mental Health Setting," presented in a Workshop at the COSDA Conference by Deborah Lyons, our consultant on deafness. We are pleased that her presentation will be included in the Conference Proceedings.

I am sorry that we did not have ample time to prepare something in the area of Public Awareness, but we judged it best not to present in this area until it could be well done.

The COSDA Conference was an enriching experience and we are pleased that proceedings will be available. We look forward to receiving notification of their availability.

Sincerely yours,

Anne Fain

Anne Fain, Chairperson
Task Force on Mental Health
and Deafness

AF/lk

Enclosure

cc w/enc: Phillip Johnson
Mary Ellen Hudson
Paulette Brignet
Portis Cunningham
John Houston
Earl Lindsey
Deborah Lyons

INTERPRETING IN A MENTAL HEALTH SETTING

A paper presented at the
1986 COSDA Conference

Deborah S. Lyons
Consultant, Mental Health & Deafness
Alabama Department of Mental Health

Interpreting in a Mental Health Setting

Conducting therapy through an interpreter is, at best, only a partial solution to the present problem in Alabama. Ideally speaking, mental health services to the deaf would be improved if there were no need for interpreter services. Of course, the assumption underlying this precept is that mental health service providers have adequate communication skills to serve this population. Since we know that this is presently not the case, and since interpreters must remain an integral part of mental health service for now, we must direct some of our attention towards narrowing the gap between these two disciplines.

In doing so, let us begin by considering the personality and social development of deaf persons. The basic task for all children during infancy is to establish a sense of trust in others. The successful resolution of this depends on the mutual regulation between mother and child. Mothers of deaf infants often feel guilt, sorrow, and anger towards their child which can interfere with their ability to provide a stable and warm relationship for their infant. Deafness itself interferes with the normal transactions between a mother and child. As there is no auditory contact, communication between the two is limited.

Since early in life we are confronted with an inability to be in touch with those things that are distant from us, the deaf child has difficulty establishing the idea that the existence of objects and people is permanent. Moreover, the child's inability to hear his/her own voice may make it difficult to distinguish

his/her own voice and thoughts from those of others. As a result, the development of a sense of intactness and independence is impaired. It is said that verbalizations play an important role in our ability to control the overt expression of affect, such that children deprived of the ability to express powerful feelings in words, erupt in action. This can be seen in many deaf adults who, when under severe emotional stress express their thoughts and feelings through action.

Another way in which deafness interferes with normal mother-child interactions is in the development of the anticipatory response. Initially this is absent in the deaf infant because of the lack of auditory cues. Other cues, primarily visual ones, must assume this function. However, visual cues have a far more limited field in that vision is not multidirectional and hence, not as effective as auditory anticipatory signs. One example of this is the need by deaf children for a night light. This is very understandable when one considers that without vision they are cut off from the environment at night. In contrast, hearing children, even with their eyes closed, are still in contact with the environment through sound.

During toddlerhood verbal handling replaces physical handling with the hearing child. This is because sound can convey and evoke emotion. Not only can a toddler be soothed with words, but explanations can be used to help them in delaying gratification. Even when mother is visually absent, the sound of her in another room is calming. During this period of

development the basic task facing the child is the establishment of a sense of self as a separate human being who has control over their own body and can thus influence the environment. If a child is denied the gradual experience of acting autonomously, he/she grows to require complete control of his/her environment such that life is governed by the letter rather than the spirit of the law. At this point in development when hearing children are learning "dos" and "don'ts", the mother of the deaf child often uses physical intervention (i.e., grabbing the child) to convey these messages. As a result, deaf children are trained, rather than educated, by their families. This lack of corrective feedback from others puts the deaf individual at a disadvantage in developing an understanding of their perceptions of themselves and of the world. In addition, the experience that control is exerted externally by a hearing world is damaging to the child's developing self-esteem.

As the child becomes slightly older (3-6 years), the task it faces is that of developing a sense of purposefulness about oneself and about life. For the deaf child a great deal of time at this stage is spent on matching (i.e., imitating speech positions or finger spelling). These children are so indoctrinated to match that initiative is discouraged. Even more damaging is the tendency for parents of deaf children to generalize from the narrow range of tasks which their child cannot do and assume greater areas of inability. Eventually, the

deaf child fails to develop a sense of competence and expertise at anything.

Most theories of personality stress the importance of an individual's early experiences in shaping one's behavior. Since so many deaf persons share a number of early life experiences it is not surprising that they also share some common problems. Deafness can be thought of as a potential psychosocial stressor because of the adverse effects of sensory deprivation and social isolation on one's mental health. Thus, one might predict that the deaf population as a whole would have a higher incidence of adjustment problems than normal. Deaf individuals have been characterized as having the following personality features:

- emotional immaturity
- difficulty in interpersonal relationships
- egocentric perspective
- rigid adherence to rules
- inability to be empathic
- coercive dependence on others
- impulsivity

Among a psychiatric deaf population depression and schizophrenia are the two most commonly cited illnesses.

In doing mental health work, interpreters must be aware of the fact that different therapists may use different theoretical approaches which can alter the nature or manner in which treatment is delivered. With any approach, the therapeutic process is based upon a close personal relationship between the

client and the therapist. The way in which a client relates to the therapist is indicative of how he/she relates to the significant people in his/her life. Regardless of the theoretical orientation of the therapist, the disruption of oral communication when working with a deaf client has a profound effect on "talking therapy." Both the non-signing, hearing therapist and the deaf client face significant barriers in this situation. This difficulty in communication necessitates the use of an interpreter, even though the mere presence of one is an intrusion upon the therapist-client relationship.

Due to the fact that three people are involved in the treatment process, special considerations must be taken into account. First, the interpreter's commitment to the length of treatment must be discussed and agreed upon prior to initiating any services. A mental health interpreter must be willing to make a commitment for the entire length of treatment. The intrusion of an interpreter into the traditional one-to-one setting of therapy is difficult. While a patient may be willing to share his/her feelings with the therapist, a third person's presence complicates matters. It may take two to three sessions before the patient, therapist, and interpreter feel comfortable together and therapy begins. If the continuity of this relationship is broken, the patient can easily regress to a position of having to reestablish their trust in a new interpreter.

Second, for the interpreter to become an effective tool in the delivery of mental health services it is necessary for the interpreter and the therapist to develop a working relationship of respect and trust. At a meeting held prior to the actual provision of services, the interpreter can explain the guidelines he/she will be following during the sessions. The therapist should brief the interpreter about the type of services to be provided and any special techniques that will be used. Information that the interpreter will want to have includes:

a) type of session (treatment or assessment; family, individual, or group)
b) age and sex of patient
c) patient's mode of communication and skill level, if known
d) when the interpreter will be allowed to assess the patient's communication skills
e) any problems that are anticipated
f) length of treatment
g) educational background of patient
h) patient's presenting complaint
i) whether ASL or signed English will be used
j) seating arrangement
k) manner in which therapist will be notified of any misunderstanding in communication

Once therapy is initiated post-session meetings between the therapist and the interpreter will become a vital part of the

treatment. They give the interpreter an opportunity to share with the therapist parts of the communication that were not interpreted during the session. They also provide an opportunity for the therapist and interpreter to process any personal feelings that may have arisen as a result of the material discussed.

Accommodations will have to be made in the way the therapist traditionally performs his/her job. From the minute the deaf client arrives in the office, some major differences will become apparent. First, deaf clients typically do not come to therapy of their own accord, but rather because some (employer, rehabilitation agency, family) has sent them to therapy. Owing to the scarcity of mental health services for the deaf, as well as the deaf individual's reluctance and lack of knowledge about mental health resources, clients often do not request help until their problems have multiplied to the point of causing extensive damage. Second, deaf clients seem to have more extreme expectations than hearing clients that a therapist will rid them of all their problems. This is because as children they experienced the world as a place where events occurred without explanation and where conflict was resolved via external control.

There are three major issues that a therapist of the deaf will have to come to terms with. First, it is much more difficult to establish a relationship with this type of client. The deaf patient can use the relationship with the interpreter as a way of resisting involvement with the therapist. Thus,

conversations during therapy that are directed at the interpreter should be discouraged. One way that a therapist can maintain better rapport with his/her client is by requesting a sentence by sentence interpretation, rather than a summary that paraphrases the general content of the conversation. In general, communicating through an interpreter results in a loss of visual and emotional contact between the therapist and the client. Often there is a stiffness to the sessions which resembles a question and answer dialogue, rather than an interaction between two people. To avoid this, the therapist should speak as though the client could hear him, rather than saying to the interpreter, "Ask Mr. Jones how he feels when X and Y happen."

A second issue for the therapist of the deaf to deal with is that it is more difficult to gain the confidence of this type of client. Initially, one factor in the success of therapy for any client is the perceived power of the therapist. In some sense the ultimate goal of therapy is to move the power from the therapist to the client. However, in the beginning of treatment it is important that the client see the therapist as a source of strength, safety, and acceptance. Much of what conveys this to the client is the attitude "I am in charge and I know what is happening here." The use of an interpreter results in an initial loss of this perceived power and credibility. Manifestations of this include avoiding eye contact with the therapist, addressing questions to the interpreter, repeated arguing, and repeated

misunderstanding of questions when prior understanding has been demonstrated.

The third issue for the therapist is difficulty in communicating with the deaf client. Therapists must be especially careful to ensure understanding on the part of the patient since deaf clients often feign understanding rather than ask questions that will reveal their confusion or ignorance. The interpreter and the therapist need to arrange prior to the first session who will be responsible for clarifying communication from the therapist to the patient. Ideally, this should be left to the therapist. Whenever alterations of a statement must be made, it is crucial that the interpreter voice aloud any such changes. This allows the therapist to monitor what the client is told. If at some point in the session, a client inexplicably becomes upset or does not react as expected, the therapist should go back in the conversation and determine whether something was misunderstood or incorrectly interpreted. Many therapists are unaware of the fact that ASL is syntactically different from English. This is vital diagnostic information particularly when assessing the presence of a thought disorder since what may appear to be distorted thinking may be appropriate locution in ASL.

From the interpreter's perspective, there are several points that are unique to working in a mental health setting which are worthy of discussion. Since the number and complexity of mental health situations for an interpreter are unlimited, good judgment

and maturity, as well as interpreting skills, are required. The ideal mental health interpreter would have the following qualities:

a) a knowledge of mental health theories

b) a positive, healthy attitude towards the deaf

c) a good working relationship with the therapist

d) excellent interpreting skills and CSC certification

e) a healthy personal mental attitude

f) ability to cope with sensitive material

g) awareness of one's emotions

The interpreter is a vital, but must be considered temporary, bridge over the communication barrier. At present, there are 31 counties in this state without a registered interpreter. Fifty-nine (59) of the 67 counties in Alabama do not have a certified interpreter, while 18 of them have interpreters with nothing more than informal training (Level I). This small army of interpreters are being called upon by a variety of professionals to help serve the 31,000 deaf and 246,000 hearing impaired Alabamians. Clearly, future emphasis must be placed on the development and training of more professionals skilled in sign language who offer clinical services.

PUBLIC AWARENESS

The hearing public needs to be aware of the needs and concerns of deaf people.

1. Every local police department needs to have some knowledge of deafness and the rights of deaf persons involved in traffic violations, etc. They need to have a TTY for emergency situations. They need to have a list of interpreters available when needed.
2. Fire department--emergency alarms that flash for places of business which employ deaf persons. Need flashing light in restrooms of businesses where deaf work.
3. Public service companies, such as utilities, etc.--have TTY for deaf customers.
4. Hospital--work thru P.R. office and plan awareness programs for employees. Teach sign language classes on a continuous basis. Have TTY available for deaf patients. Have a list of interpreters on call.
5. Employment services--awareness program for all the personnel. Inform businesses and other places that interpreting is the main line of work and support for many interpreters.
6. The public needs to know about different sign languages that are used today; ASL and SEE. A hearing person who has finished a 10 week course in sign language is not always qualified to interpret for a deaf person. Don't force deaf people to learn new signs or change their sign language.
7. Knowledge about deaf peddlers is important. Many deaf people can learn a trade and be self-supporting. Sometimes a hearing person will act like a deaf peddler.
8. Hearing churches need to permit qualified deaf people to serve in places of leadership. Most Baptist work is in hearing churches, with interpreters. In some cases the church leaders need to recognize a need for a church of the deaf. Plan religious meetings for deaf youth and deaf adults for Bible study and fellowship. Intergrate deaf into existing meetings with qualified interpreters.

David Richardson

Presentor: Jamie Norman Ison

Organization: Mobile Preschool for the Sensory Impaired

PUBLIC AWARENESS

Deafness is a hidden handicap. Only five percent of children are severely hearing impaired. Because of low incidence many people are unaware of the significant problems of the hearing impaired and are especially unaware of various services available to hearing impaired children and adults. Therefore, public awareness is vital in the education of individuals and the entire community regarding hearing impairment and agencies serving the hearing impaired. Most importantly, with an organized Public Awareness Program agencies, schools, and organizations serving the deaf can reach even higher goals. Some ideas you may consider to reach these goals are:

Boards of Directors, Advisory Councils, Auxillary Boards

As a United Way agency we are governed by a Board of Directors. Our Board consists of twenty-five individuals from a cross-section of the community. Selection of Board Members through the nominating committee is a very important task. Specific backgrounds that may be considered include:

Attorneys - to assist with legal issues

Accountants - to assist with fiscal operation and financial planning

Deaf Consumers/Parents - to provide us with information regarding the hearing impaired and determine needs of the population we serve

Professionals in Related Fields - to assist in assessing program needs

and coordination with existing agencies

Community Leaders - to assist in developing long range goals, inter-agency cooperation, and facilitate communication with foundations, clubs, etc.

Advertising Specialists - to assist in Public Relations

Bankers/Financial Consultants - to assist in financial planning, investments, fund rasing, etc.

In addition to board members selected for specific needs, individuals who are sincerely interested in your agency prove to be excellent members. It is important to remember that individuals from all segments of the community help in meeting the goals of the agency.

Our Board of Directors is a governing board which establishes policies, approves budgets, hires the Executive, reviews programs, and develops future goals and objectives of the agency. An advisory board may not have these same functions, however, these suggestions for organization may be considered.

1. Orientation to the Agency assists (board members) in developing a clear understanding of the agencies purpose, the population it serves, future goals and objectives, and areas of need.
2. Officers and Committee Chairman help in organization of the Board. Committees may include: program, public awareness, fund raising, long range planning, budget. Members should be able to select the committee on which they wish to serve.

3. Meetings should be held at least quarterly and should be at a time most convenient for the group. (Our meetings are held bi-monthly at noon. Sandwiches are served, but members pay for their lunch.) Ideally, the meeting should be held for one hour relying on committees to work outside and report to the full board.

An effective Board can be one of your best methods in meeting Public Awareness goals. Through careful planning and organization, the Board should be able to assist in developing relationships with many groups in your community.

Volunteers

Does your agency need additional office help? Do you need assistance with transportation? Could you use teacher aids? You may be able to meet all of these needs and more by developing a volunteer program. We are fortunate to have volunteer agencies in Mobile, Anniston, Birmingham, Decatur, Huntsville, and Montgomery. These agencies can assist in recruiting volunteers for the various positions you may need. If you live outside these areas you will have to recruit volunteers through churches, clubs, parent organizations, etc.

Our agency has recruited volunteers for teacher aids, ballet, art, transportation, and office assistance. Some of our teacher aids have volunteered for almost ten years. Keys for success include orientation to the agency, clear understanding of the position, volunteer job description, and recognition/appreciation for their efforts.

Volunteers become ambassadors for your agency. They are excellent candidates to assist with Public Relations and fund raising efforts.

Funds for Special Needs

Most agencies have specific needs that may not be met through current budgets. Additional funds can be raised through requests from clubs, church groups, foundations, special events, etc. Through speaking engagements, "come and see" tours, and contacts made through board members and volunteers our agency has been successful in raising dollars for equipment needs and additional program needs.

Special Events sponsored by your agency certainly increase your visibility in the community. Our Board of Directors has sponsored an Annual Art Auction since 1983. Through careful planning and one year of preparation we raised in excess of $30,000. this year!

Clubs and Organizations are excellent candidates for requesting specific equipment. Funds for hearing aids, video equipment, classroom supplies, TTY's, etc. may be secured through these groups.

Foundations are tremendous resources for larger requests including buildings, pilot programs, equipment, etc. There are almost two hundred foundations listed in the Alabama Foundation Directory. The directory provides information on the types of requests each foundation will consider, the amount of funds in the foundation, and to whom you must submit your

request. You may purchase this directory for $5.00 through Birmingham Public Library, 2020 Park Place, Birmingham 35203.

Publicity

Visibility in your community is essential. A publicity chairman on your board of directors or advisory board should keep a calendar with annual goals for various types of publicity.

Making an effort to meet and get to know reporters with your local newspapers can be most beneficial. Personal contact makes a difference! At least two feature articles per year help keep the community aware of your agency and new services. In addition, newspaper coverage should be requested when: officers and your board are elected, funds are received from a local club, a special speaker is presenting to your parent group, preparation for a special event, etc.

Television also provides a very important role in your public relations efforts. Remember to contact your T.V. studio in advance to cover special events. Special interest stories, usually centering around one individual, are preferred by television reporters.

Brochures, pamphlets, and newsletters are excellent for professional visits, tours coming through your agency, presenting to various clubs and churches. It is important to try and personally visit the professionals who are closely associated with your agency at least once every two years.

For our agency those professionals include: ophthalmolgist, optometrists, ENT's, audiologists, and pediatricians. In addition, we try to schedule brief presentations for groups of doctors and nurses either through the hospitals or university. (Most doctors have monthly meetings.)

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

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June 30, 1986

GEORGE C. WALLACE
GOVERNOR

Dr. Susan R. Easterbrooks, Coordinator
Hearing Impaired Program
Jacksonville State University
Jacksonville, AL 36265

Dear Dr. Easterbrooks:

Enclosed is a brief for Category 1. "Accessibility of Services: Outpatient/Inpatient Mental Health." We shall appreciate this being included in the documentation of briefs.

Congratulations to you and others regarding the Investigative Panel and the documentation process. What an excellent opportunity for all concerned.

Sincerely yours,

Anne A. Fain

Anne A. Fain, Chairperson
Interagency Task Force on
Mental Health and Deafness

AAF:eh

encl.

cc w/encl.: Philip Johnson
Paulette Brignet
Mary Ellen Hudson
Portis Cunningham
John Houston
Earl Lindsey

Brief for COSDA's Second Alabama Conference on Deafness: 1986

Accessibility of Services: Outpatient/Inpatient Mental Health

Anne Fain, Chairperson
Interagency Task Force on Mental Health
and Deafness

As a result of a joint venture between the Alabama Department of Mental Health and Mental Retardation and the Department of Education's Division of Rehabilitation Services, deaf and hearing-impaired citizens may receive interpreter-assisted clinical outpatient and/or inpatient services from any one of a network of 24 community mental health centers across the state. This has been made possible by hiring a consultant on deafness and mental health who is available one day a week to accomplish the following objectives:

1. To train interpreters and mental health clinicians to work as a team in delivering mental health services to deaf and hearing impaired citizens (and their families) and to continue this training through appropriate distribution of a comprehensive bibliography on mental health and deafness issues (refer to attached bibliography).

2. To train referral agencies in how to assist deaf and hearing-impaired citizens and their families in accessing mental health services, i.e., through the appropriate community mental health center in the area of the client's/family's principal residence.

3. To orient deaf and hearing-impaired citizens and their families primarily through deaf organizations, regarding availability of services and how to access services for themselves.

All public mental health services whether outpatient or inpatient, are accessed through one of a statewide network of 24 community mental health centers. Deaf or hearing impaired persons seeking mental health services for themselves should have a friend or family member contact the mental health center in the area where he or she lives, ask for an appointment and state their need for an interpreter to be made available. Mental health centers also offer services to parents or families in need. All public mental health services are available to all persons at rates established by a sliding fee schedule that is based on the ability of clients to pay.

Persons wishing more information regarding mental health and deafness issues should write or call:

Ms. Debbie Lyons
Consultant, Mental Health and Deafness
Alabama Department of Mental Health and
Mental Retardation
200 Interstate Park (P. O. Box 3710)
Montgomery, Alabama 36193-5001
(205) 271-9152

In case of a mental health **emergency only**, call TTY (205) 271-9106, Louise Wohlford, who will relay your message to Ms. Lyons or me.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Alcohol and Drug Abuse

Glenn B.,
Alcohol & Other Drug Abuse Prevention Programs /Hearing Impaired
Paper 1985
(Volume: November, Page 1985
Note: Complete title reads, "Alcohol and Other
Drug Abuse Prevention Programs for Hearing
Impaired Students"
This is a paper presented at the Southeastern
Regional Instute On Deafness. November,1985
Brief overview of the need for the program;the
goals of the program at the South Carolina School
For The Deaf,and sample activities.

Alcohol and Drug Abuse

Rothfield P.,
Alcohol Treatment For Deaf:Specialized Services / Special People
Social Groupwork and Alcoholism 1982
(Volume: , Page 79-85
Note: Complete title reads, "Alcohol Treatment for
Deaf:Specialized Services for Special People"
Note:This is an edited book . The editors are
Altman, M. and Crocker, R. Haworth Press: New
York
A description of the development of the Cape Cod
Alcoholism Intervention and Rehabilitation Unit
Project for the deaf.

Alcohol and Drug Abuse

Fulton K.,
Alcohol and Drug Abuse Among the Deaf:Collaborative Programming
American Deafness & Rehabilitation Ass'n 1983
(Volume: Kansas Cty, Page n/a
Note: complete title reads, " Alcohol and Drug
Abuse Among the Deaf: Collaborative Programming
for the Purposes of Prevention,Intervention, and
Treatment."
This is a paper presented at the American
Deafness and Rehabilitation Association Convention
in Kansas City.
Comprensive overview of the problems, program
development issues, amodel program, and clinical
issues and techniques. Also biblography and
resource lists.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Alcohol and Drug Abuse

Jorgensen D.G., Russert C.
An Outpatient Treatment Approach For Hearing-Impaired Alcoholics
American Annals for the Deaf 1982
(Volume: 127:1, Page 41-44
The development of an outpatient treatment program by an alcoholism counselor and a counselor for the hearing-impaired within the Community Outreach Program for the Deaf in Tuscon.

Alcohol and Drug Abuse

Hooten K.J.,
Double Handicap: The Deaf Alcoholic
Vibrations 1978
(Volume: 5(11), Page n/a
Note: No page numbers were listed.
This is a three-page article summarizing alcoholism and the problems of deaf alcoholics.

Alcohol and Drug Abuse

Watson A., Zrimec G.L.
Mobilization of services for Deaf Alcoholics.
Alcohol Health and Research World 1985
(Volume: 4(2), Page 33-38
Comprehensive but brief overview of adaptations necessary for involving deaf persons in an alcohol treatment program.

Alcohol and Drug Abuse

n/a ,
Programs Associated with Deaf Alcoholics
n/a 1985
(Volume: n/a, Page n/a
A 1985 list of programs either specifically for or accessible to deaf alcoholics.

Alcohol and Drug Abuse

McCrone W.P.,
Serving the Deaf Substance Abuser.
Journal of Psychoactive Drugs 1982
(Volume: 14(3), Page 199-303
Excellent introduction to deafness, substance abuse among the deaf, program acessibility and treatment considerations.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Alcohol and Drug Abuse

Boros A..
The Role of Action Research in Services For Deaf Alcoholics
American Deafness & Rehab. Ass'n Conf. 1978
(Volume: March, Page paper
Note: This is a paper presented at the Sixth Bicentennial Conference, March, 1978 in San Antonio, Texas.No pages were listed.
Presentation of the need for a pro-active intervention strategy in working with deaf alcoholics, and the intervention model used in the author's project.

Assessment & Diagnosis

Walter G.G., Akamatsu C.T.
Assessing Language in Young Deaf Adults
Topics in Language Disorders 1982
(Volume: 2(3), Page 67-75
Overview of the problems associated with determining language usage levels, considering the diverse configurations of languages and abilities which are possible.

Assessment & Diagnosis

Sisco F.H., Anderson R.J.
Current Findings Regarding Performance of Deaf Children on WISC-R
American Annals of the Deaf 1978
(Volume: 123(2), Page 115-121
Presentation of research findings in a standardization of the performance scales of the WISC-R.

Assessment & Diagnosis

Cooper A.F.,
Deafness and Psychiatric Illness
British Journal of Psychiatry 1976
(Volume: 129, Page 216-226
Literature review concerning the relationship between deafness and psychiatric disorder, including discussion of the role hearing loss plays in paranoia, psychosocial distortion, perception, and communication.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Assessment & Diagnosis

Pankratz L., Fausti S.A.
Forced-Choice Technique To Evaluate Deafness In Hysterical Pat.
Journal of Consulting & Clinical Psy. 1975
(Volume: 43 (3), Page 421-422
Note:Reed,S. is third author.
A forced choice technique to evaluate daefness in
the hysterical or malingering patient.
This is a case study.

Assessment & Diagnosis

Unknown ,
Mental Health Concerns of the hearing impaired adult
Handout, MH Interpreting Workshop U. TN.
(Volume: April 1985, Page
Brief overview of psychosocial, vocational,
communication, and marital implications of hearing
impairment.

Assessment & Diagnosis

Cooper A.F., Curry A.R.
Pathology of deafness in paranoid & affective psychoses later age
Journal of Psychosomatic Reasearch 1976
(Volume: 20, Page 97-105
Note: Title includes later life.
Research into otological aspects of deafness in
relation to their contribution to the development
of psychiatric disorder.

Assessment & Diagnosis

Mahatpara S.B.,
Psychiatric and Psychosomatic Illness in Deaf
British Journal of Psychiatry 1974
(Volume: 125, Page 450-451
Research report which reveals higher incidence of
psychiatric illness among persons deafened during
adolescence or adulthood than in the normally
hearing population.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Assessment & Diagnosis

Vernon M., Bair R.
Psychological Evaluation and Testing of Child
School Psychology Digest
(Volume: 8(3), Page 291-295
Note: Lotz, S. also authored this publication.
A practical guide to modification and replacement
of tests.

Assessment & Diagnosis

Evans J.W., Elliott H.
Screening Criteria for Diagnosis of Schizophrenia in Deaf Pat.
Archives of General Psychiatry
(Volume: 38, Page 787-790
Identification of 9 primary symptoms to be used in
diagnosing schizophrenia in deaf patients.

Assessment And Diagnosis

Levine E.S.,
Mental Assessment of the Deaf Child.
The Volta Review 1971
(Volume: Feb.,1971, Page 80-105
Guidelines for selecting and administering tests.

Assessment And Diagnosis

Iceman D., et al
NILS Project: Screening Instrument
n/a 1984
(Volume: n/a, Page n/a
A tool for evaluating current functioning level in
seven areas: Health/ Hygiene; Family
Responsibility; Money Management; Community
Awareness; Social/ Interpersonal skills; and
Maladaptive Behavior. It's purpose is to establish
a baseline of objectives for further assessment
and training of sensory-impaired adults.
THIS CANNOT BE MAILED; HOWEVER ,A COPY IS
AVAILABLE FOR REVIEW AT THE DMH/MR OFFICE OR IT
CAN BE ORDERED FROM:
National Independent Living SKills Project
Alabama Institute for the Deaf and Blind
P.O. Box 698
Talladega, Al. 35160

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Assessment and Diagnosis

Woosley T., et al
NILS Project: Screening for Physical & Occupational Therapy Ref.
n/a 1984
(Volume: n/a, Page n/a
A screening instrument to be used with adults (
16+) who are sensory impaired, for the purpose of
identifying clients who need to be evaluated by an
occupational and/or physical therapist.THIS CANNOT
BE MAILED; HOWEVER, A COPY IS AVAILABLE FOR REVIEW
AT THE DMH/MR OFFICE OR IT CAN BE ORDERED FROM:
National Independent Living Skills Project
Alabama Institute for Deaf and Blind
P.O. Box 698
Talladega, Al. 35160

Assessment and Diagnosis

Meacham F., et. al.
Adaptive Benavior and Low Incidence Handicap: Hearing & Visual
Journal of Special Education 1986
(Volume: n/a, Page n/a
Note: Complete title reads, "Adaptive Behavior and
Low Incidence Handicaps: Hearing and Visual
Impairements".
Note: This is an unedited copy of an article due
for publication.
A Practitioner's guide to adaptive behavior scale
selection.

Assessment and Diagnosis

Meacham F.R.,
Comparative Study WISC-R & WAIS-R Perform.IQ Scores/ 16 Year Olds
Ph.D. Dissertation, Univ of Ala. 1984
(Volume: n/a, Page n/a
Note: Complete title reads, "A Comparative Study
of the WISC-R and WAIS-R Performance IQ Scores of
16-Year-Old Hearing Impaired Students in a
Residential Program"
Chapter I: Introduction
Chapter II: Literature Review
Chapter III: Procedures
Chapter IV: Data Analysis
Chapter V: Summary
Recommend Chapter II for comprehensive summary
of literature on intellectual assessment of the
deaf.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Assessment and Diagnosis

Harris R.I.,
Guidelines For Selecting Tests To Obtain Psy Eval. of Deaf Adult
n/a 1981
(Volume: n/a, Page n/a
Suggestions for preliminary activities, tests, and additional information necessary for accurate evaluation.

Assessment and Diagnosis

Spraggins A.E., Hassett B.L.
Intellectual Assessment Instruments Used With Deaf children
n/a 1981
(Volume: n/a, Page n/a
Listing of 8 tests with descriptions, normative data, advantages, disadvantages,recommendations, and references for each.

Assessment and Diagnosis

Iceman D., et. al.
NILS Project: Assessment Instruments
n/a 1984
(Volume: n/a, Page n/a
Designed as a continuation of the NILS Project Screening Instrument, these assessment tools are to used to establish a baseline of objectives for instructional purposes. It also provide s an indication of the level of supervision the client may need in each area.It is intended for sensory-impaired adults (16+).
THIS CANNOT BE MAILED: HOWEVER A COPY IS AVAILABLE FOR REVIEW AT THE DMH/MR OFFICE OR IT CAN BE ORDERED FROM:

National Independent Living Skills Project
Alabama Institute for Deaf and Blind
P.O. Box 698
Talladega, Al. 35160

Assessment and Diagnosis

Spraggins A.B., Hassett B.L.
Personality Assessment Instuments Used With Deaf Children
n/a 1981
(Volume: n/a, Page n/a
Listing of 8 tests with descriptions, normative data, advantages, disadvantages, recommendations, and references for each.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Assessment and Diagnosis

Levine E.S., Wagner E.E.
Personality Patterns of Deaf Persons:Interpretation-Hand Test
Personality and Motor Skills 1974
(Volume: 39, Page 1167-236
Note: Complete title reads, "Personality Patterns of Deaf Persons: An Interpretation Based on Research with the Hand Test".
Comprehensive detailed description of assessment of personality, research findings, theoretical approaches, and recommendations.

Assessment and Diagnosis

Unknown ,
Review of Some Standard Test of Intelligence
n/a n/a
(Volume: n/a, Page n/a
Synopses of reviews of 4 tests.

Deaf-Blind

n/a ,
Articles Covering Wide Range of Topics
Southeast Reg Cntr for Deaf-Blind Child 1980
(Volume: n/a, Page n/a
This is a list of articles covering a wide range of topics in the field of deaf-blind, including assessment, family issues, intervention, education, and vocational training of deaf-blind children and adults. One copy of each item desired will be mailed.

Deaf-Blind

Seligson J.L.,
Problems of Psychiatric Care of a Deaf-Blind Population
International Journal of Psychiatry/Med. 1983
(Volume: 13(1), Page 85-92
Description of factors acting as confounds in diagnosis, treatment, and vocational planning of this population.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Developmental Issues

Schwartzberg J.G.,
Affective Education: Ways To Help Deaf Child Learn Own Emotions
Hearing Rehabilitation Quarterly 1976
(Volume: 2(1), Page 15-17
Note: Affective Education: Ways to Help a Deaf Child Learn About His Own Emotions".
A sensitive review of how emotional development can be affected by deafness and some suggestions for remediation.

Developmental Issues

Delgado G.L.,
Beyond the Norm-Social Maturity and Deafness
American Annals of the Deaf 1982
(Volume: 127(3), Page 356-360
A review of the research and a discussion of probable causes and remedies in the discrepant social maturity levels of deaf persons.

Developmental Issues

Brennan M.,
Can Deaf Children Acquire Language?
American Annals of the Deaf 1975
(Volume: Oct., Page 463-479
Note:second part of title reads." An Evaluation of Linguistic Principles in Deaf Education".
A Comprensive analysis of assumptions regarding developmental linguistics as bases for educational approaches with references to research.

Developmental Issues

Schlesinger H., Meadow K.P.
Development of Maturity in Deaf Children
Exceptional Children 1972
(Volume: Feb, Page 461-467
Research and theoretical analysis of Ericksen's theory of development as affected by deafness.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Developmental Issues

Schlesinger H.E.,
Diagnosis Crisis and It's Participants
Deafness Annual 1972
(Volume: Vol II, Page n/a
Note: This article is in Vol II, Silver Spring, Maryland. Professional Rehabilitation Workers With the Deaf. No page numbers were listed.
A description of the psychological factors surrounding diagnosis of deafness for parents, professionals, and society; and it's effect on the deaf child.

Developmental Issues

McNulty B.A., et. al.
Effectiveness of Early Special Education for Handicapped Children
Commissioned by Colorado Gen. Assembly 1982
(Volume: n/a, Page n/a
A review of the literature and a presentation of data collected in Colorado indicates that early intervention has positive personal and economic effects.

Developmental Issues

Kennedy A.E.,
Effects of Deafness On Personality: Discussion On Model
Journal of Rehabilitation Of The Deaf 1973
(Volume: 6(3), Page 22-33
Note: Second part of title reads," A Discussion Based on the Theoretical Model of Erik Erikson's Eight Stages of Man".
In some ways an extension of Schlesinger's and Meadow's article (1972) which provides support for parent and teacher training as well as explanation.

Developmental Issues

Kusche' C.A., Greenberg M.T.
Evaluative Understanding And Role-Taking Ability: Comparison
Child Development 1983
(Volume: 54(1), Page 141-147
Note: Second part of the title reads, " A Comparison of Deaf and Hearing Children".
Discussion of a study which suggests that delayed evaluative ability rather than egocentricism is characteristic of the deaf child.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Developmental Issues

Greenberg M.T.,
Family Stress and Child Competence:Early Intervention With Deaf
American Annals of the Deaf 1983
(Volume: June, Page 407-417
Note: Second part of title reads, " The effects of
Early Intervention For Families With Deaf
Infants".
Outcomes and recommendations from a study of families involved in an early intervention program, focusing on parent and family stress, parental knowledge, child development level, and mother/child communications.

Developmental Issues

Meadow K.P.,
Personality and Social Development of Deaf Persons
Journal of Rehabilitation of the Deaf 1975
(Volume: 9(3), Page 1-11
Discussion of developmental events which may effect certain personality descriptors frequently used for deaf persons.

Developmental Issues

Meadow K.P., Schlesinger H.S.
Prevelance of Behavioral Problems in Deaf School Children
American Annals of the Deaf 1971
(Volume: June, Page 346-349
Note: The title reads, "The Prevelance of
Behavioral Problems in a Population of Deaf School
Children".
Results of a survey of behavioral problems in a residental school population which indicate that such problems are significantly more prevalent among the deaf.

Developmental Issues

Levine E.S.,
Psycho-Cultural Determinants in Personalty Development
The Volta Review 1976
(Volume: 78(6), Page 258-267
Results of an investigation which show significant differences in personality between groups of deaf persons of differing language facility are discussed as psycho-cultural aspects of development.

Developmental Issues

Freeman R.D., Malkin S.F.
Psychosocial Problems of Deaf Children & Families:A Comparison
American Annals of the Deaf 1975
(Volume: Aug.,1975, Page 391-405
Note: Third author is Hastings, J. O.
Note: Second part of title reads, " A Comparative Study ".
Significant social ability differences were found in this study of 120 deaf and 120 hearing children.

Developmental Issues

Meadow K.P.,
Social Adjustment of Preschool Children:Deaf & Hearing w/Other
Topics in Early Childhood Special Educ. 1984
(Volume: 3(4), Page 27-40
Note: Completed title reads,"With And Without Other Handicaps."
Results of a study comparing four groups of children are presented along with implications of the findings.

Developmental Issues

Kusche C.A., Garfield T.A.
Understanding of Emotional & Social Attributions in Deaf Adolesc.
Journal of Clinical Child Psychology 1983
(Volume: 12(2), Page 153-160
Note: Third author is Greenberg, M. T.
Interesting study which indicates taht language plays an important role in understanding causal ascriptions, emotion concepts, and cause - effect associations.

Family Implications

Rhod M.J.,
Your Deaf Child was Meant to be a Blessing
n/a n/a
(Volume: n/a, Page n/a
A positive, inspirational article by the mother of a deaf person; may be a helpful adjunct to family counseling.

Family Issues

Halbreich U.,
Influence of Deaf-Mute Parents On Character of Their Offspring.
Acta Psychiatrica Scandia 1979
(Volume: 59, Page 129-138
Case history of Israeli patient with an excellent discussion of the relationship of psychiatric functioning to the early childhood factors.

General Information

Thomas A.J.,
Acquired Deafness And Mental Health
British Journal of Medical Psychology 1981
(Volume: 54, Page 219-229
Review of case studies and experimental studies of the subject relationship.

General Information

Pettingill D.G.,
Adjustments of the Deaf
n/a 1964
(Volume: n/a, Page n/a
Address before a workshop, "Understanding the Deaf Client" at the University of Colorado.
Well written, insightful, thought-provoking article written from life experiences as an adventitiously deafened student, employee, employer, rehab counselor, and, member of the deaf culture.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

General Information

Leonard K.,
Can Childhood Schizophrenia Develop Out of Hospitalism?
Psychiatricia Clinicia 1978
(Volume: 11, Page 170-179
A study which indicates that institutionalization
or deafness or blindness which results in
communicative isolation may be a contributory
factor.

General Information

Koetitz L.E.,
Cognitive & Psycho-Social Development in Deaf Children:A Review
Education and Training/Mentally Retarded 1976
(Volume: Feb.,1977, Page 66-72
A review and summary of the literature.

General Information

Kay D.W., Cooper A.F.
Differntation of Paranoid From Affective Psychoses by Patients...
British Journal of Psychiatry 1976
(Volume: 129, Page 207-215
Note: complete title reads, " The Differentation
of Paranoid From Affective Psychoses by Patients
Premorbid Characteristics".
Deafness was identified as a highly significant
differentiating factor in a study of 111 patients.
Note: Garside,R.F. and Roth,M. are additional
authors of this paper.

General Information

Davenport S.L.,
Improving Communication With the Deaf
Journal of Family Practice 1977
(Volume: 4(6), Page 1065-68
Excellent introduction to the effects of deafness
and how to establish effective communication.
Aimed at the busy professional.

General Information

Bannowsky A.W.,
Issues in Assessing Vocationally Revelant Pers Factors/16PF-E
Journal of Rehabilitation of the Deaf 1983
(Volume: 17(3), Page 21-24
Note: complete title reads " Issues In Assessing Vocationally Revelant Personality Factors of Prelingually Deaf Adults Utilizing the 16Pf-E." Results of a limited study comparing deaf and hearing persons using the 16PF-E.

General Information

DuBow , et el.
Legal Rights of Hearing - Impaired People
National Center for Law and the Deaf 1984
(Volume: n/a, Page n/a
Excellent 185 page book presenting the PL 94-142; Section 504; and other laws and court and agency interpretations across several settings.
Especially pertinent: Chapter Six: Mental Health.

General Information

Dirst R.D.,
Medical Services and the Hearing Impaired Patient
Georgia Institute for Hearing Impaired 1978
(Volume: n/a, Page 1-35
Handbook for the medical staff; includes overview of 504, hearing loss, communication and needs and methods, and 70 signs useful to the direct care staff members.

General Information

Tucker B.P.,
Mental Health Services for Hearing Impaired Persons
Volta Review 1981
(Volume: May 1981, Page 223-235
Adapted from an article published in the Arizona State Law Journal, this presents the legal issues to be addressed in requiring and defining appropriate services.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

General Information

n/a ,
Mental Health and Deafness in Alabama
Interagency Task Force on MH & Deafness n/a
(Volume: n/a, Page n/a
A brochure describing the need for advocacy and
the work of the Task Force. Appropriate for
distribution to the general public.

General Information

Hamer S., Weathington D.
Mental Heath and Deafness
n/a 1982
(Volume: n/a, Page n/a
An overview of deafness from a mental health
perspective; written as part of a CETA Special
Governor's Grant to the Alabama Institute for Deaf
and Blind.

General Information

Levine E.S.,
National Conference:Preperation/Training of Workers With Deaf.
Hearing Rehabilitation Quarterly 1975
(Volume: 1(1), Page 6-15
Review of the special competencies and bodies of
knowledge needed by psyconological service
providers to the deaf.

General Information

Dodd J.E.,
Overcoming Occupational Stereotypes Related To Sex and Deafness
American Annals of the Deaf 1977
(Volume: Oct. 1977, Page 489-491
Investigation into stereotyping behavior of young
deaf adults.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

General Information

Trybus R.J.,
Personality & Assessment of Entering Hearing-Impaired Students
Journal of Rehabilitation of the Deaf 1973
(Volume: 6(3), Page 34-40
Note: complete title should read " Personality & Assessment of Entering Hearing- Impaired College Students Using the 16PF, Form E."
Preliminary data and possible future uses of the data from 280 college Freshman students are presented.

General Information

Bodner B.A., Johns J.
Personality and Hearing Impairment:A Study in Locus of Control
The Volta Review 1977
(Volume: Oct. 1977, Page 362-372
Authors present an overiew of the theories associated with internal/external locus of control and the results of an investigation of same in a deaf population.

General Information

McCrone W.P., Gawlik R.E.
Prescriptive Self-Evaluation for School & Rehab Counselors
(Resource Material has been Requested) 1980
(Volume: , Page
Note* Complete Title: Prescriptive Self-Evaluation for School and Rehabilitation Counselors Serving Deaf People.
A self-evaluation covering communication, knowledge of deafness, and helping skills competency factors which could be very useful for almost any professional in the mental health field.

General Information

Golgberg B., Lobb H.
Psychiatric Problems of the Deaf Child.
Canadian Psychiatric Association Journal 1975
(Volume: 20 (1), Page 75-83
Note: Third author is Kroll, H.
An overview of 172 children seen at a Canadian Psychiatric Research Institute, with references to other studies, and suggestions for preventive and prescriptive treatments.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

General Information

Rousey C.L.,
Psychological Reactions To Hearing Loss
Journal of Speech &Hearing Disorders 1971
(Volume: 36(3), Page 382-389
The aurhor discusses affects and defenses associated with hearing loss from a psychoanalytic point of view.

General Information

Fitz-Gerald D., Fitz-Gerald M.
Sexual Implications of Deafness
Sexuality and Disability 1978
(Volume: 1(1), Page 57-69
A discussion of the severe psychosocial/sexual aspects of deafness.

General Information

Robinson L.D.,
Sexuality and the Deafness Culture
Sexuality and Disability 1979
(Volume: 2(3), Page 161-168
A discussion of how experiences of deaf persons may affect their sexuality, with a presentation of the results of a survey of professional workers. re: sexual behaviors and problems.

General Information

Jacobs L.M.,
Some Factors Contributing To Deaf Adult's Poor Image
Journal of Rehabilitation of the Deaf 1972
(Volume: 5(3), Page 29-32
A brief description of some behavioral habits which may interfere with acceptance of the deaf adult in the hearing community.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

General Information

Nash K.R., Castle W.E.
Special Problems of Deaf Adolescents and Young Adults
Exceptional Education Quarterly 1980
(Volume: 1(2), Page 99-106
Overview of special academic, psychosocial,and
career problems with references to research and
theory.

General Information

Altshuler K.Z.,
Studies of the Deaf: Revelance to Psychiatric Theory.
American Journal of Psychiatry. 1971
(Volume: 127(11), Page 97-102
Theoretical implications of the role of audition
in schizophrenia,depressive symptoms,impulsivity
and obsessional traits based on observation of
more than 1,000 patients.

General Information

Gordon A.,
Thinking With Restricted Language.Investigation of Apprentices.
British Journal of Psychology 1977
(Volume: 68, Page 253-255
Note; Second part of title reads "A Personal
Construct Investigation of Pre-Lingually
Profoundly Deaf Apprentices.
Report of an investigation into
multi-dimensionality of personal constructs.

Intervention

Long N.F., Long G.
Assertiveness Training for Deaf Persons
Southeastern Regional Institute 1985
(Volume: Handout, Page n/a
This was a handout at the Southeastern Regional
Institute On Deafness, November,1985.
A brief overview including guidelines for
adapting social skills curricula and role-playing
procedures.

Intervention
Arana J.D., Harbin H.T.
Clinical and Theoretical Issues in the Treatment of the Deaf
Psychiatric Opinion 1978
(Volume: Sept,1978, Page 34-38
Note: Third author is Wilberger, M. S.
Using a case report, theoretical and clinical
issues of development and treatment are discussed.

Intervention
Schlesinger H.E., Meadow K.P.
Conceptual Model for Program of Community Psychiatry for Deaf Pop
Community Mental Health Journal 1972
(Volume: 8(1), Page 47-59
A model is presented which includes primary,
secondary, and tertiary prevention and treatment,
with examples from the program in San Francisco.

Intervention
Greenberg M.T., Calderon R.
Early intervention: Outcomes and Issues
Topics in Early Childhood Special Educ. 1984
(Volume: 3(4), Page 1-3
Reviews research in the area and proposes an
evaluation's perception
of issues.

Intervention
Quigley S.P.,
Educational Implications of Research on Manual Communications
n/a n/a
(Volume: n/a, Page n/a
An overview of research findings and implications;
also presents a good sense of the continuing
debates regarding intervention strategies.

BEST COPY AVAILABLE

Intervention

Harvey M.A.,
Family Therapy With Deaf Persons:Systematic Use of Interpreter
Family Processes 1984
(Volume: 23, Page 205-221
Note: This article includes the following
sections:
1. Scott,S.," Deafness in the Family: will the
Therapist Listen?"
2. Harvey, M. A. "A Rejoinder to Scott".
Theory and process of family therapy with
families with at least one deaf member; rebuttal
by Scott and rejoinder by Harvey.

Intervention

Goulden T.J., none
Family Therapy and Deafness: A Systems Approach
n/a n/a
(Volume: n/a, Page n/a
Excellent article which explains the systems
approach and demonstrates its application in 3
case studies.

Intervention

Mortoramo J.T., Oestreicher C.
Hypnosis of the Deaf Mentally Ill: A Clinical Study
American Journal of Psychiatry 1965
(Volume: 123(5), Page 605-606
Results of attempts to hypnotize deaf subjects,
with descriptions of procedures and application.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Intervention

Iceman D.L., et. al.
National independent Living Skills Project: Curriculum Guide
n/a 1984
(Volume: n/a, Page n/a
The guide, derived directly from the NILS Screening and Assessments Instruments (see Assessment and Diagnosis) consists of (1) Special Considerations /Adaptions for Deaf, Blind, and Deaf/Blind (2) Learning objectives in each of seven areas (3) Resources-a comprehensive listing of resource materials. Designed for the sensory-impaired adults.
THIS CANNOT BE MAILED;HOWEVER,A COPY IS AVAILABLE IN THE DMH/MR OFFICE OR IT CAN BE ORDERED FROM :National Independent Living Skills Project
Alabama Institute For Deaf and Blind
PO Box 698
Talladega, Al. 35160

Intervention

Lennan R.K.,
Report on a Program For Emotionally Disturbed Deaf Boys
American Annals of the Deaf 1970
(Volume: July,1970, Page 469-473
A Behavior Modification program utilized in a residental setting.

Intervention

Hoyt M.F., Siegelman
Special Issues Regarding Psychotherapy With the Deaf.
American Journal of Psychiatry 1981
(Volume: 136(6), Page 807-811
Note: The third author is Schlesinger.
Results of interviews with therapists; issues related to necessity of visual communication; diagnosis, assesssment, expectations, third party involvement,and technique.

THE FOLLOWING IS AN ALPHABETIZED LIST OF ALL CATEGORIES
USED IN THE DEAFNESS RESOURCE PROGRAM

Intervention

Roach A.,
The Hearing Therapist and the Deaf Client.
American Psychiatry Association Meeting 1979
(Volume: Paper, Page n/a
Note: This paper was read at tha A. P. A. Meeting in New York,1979.
Observations about the therapy process with focii on the communicative process and early transference and counter-transference.

Technical Aids

RedAcre Farm ,
Red Acre farm Hearing Dog Center

(Volume: , Page
Brochure about this training center for hearing dogs which serve deaf masters similar to the way that guide dogs serve the blind.

Technical Aids

n/a ,
Telecommunications and Signaling Devices

(Volume: , Page
Assorted brochures on TTD's, television decoders, clocks, and sound-alert devices.

Utilization of Interpreters

et. al. ,
Code of Ethics
Registry of Interpreters For the Deaf 1985
(Volume: n/a, Page n/a
Note: This is the Code of Ethics for the Deaf, Inc. R.I.D.,INC. 814 Thayer Ave. Silverspring, Maryland.
The professional code of ethics of interpreters for the deaf.

Utilization of Interpreters

MacKinnon R.A., Michaels R.
Interviewing Through An Interpreter
Psychiatric Interview/Clinical Practrice 1971
(Volume: Saunders, Page 451-456
Note: This is an edited book. Saunders:
Philadelphia,1971
Discussion of problem areas in the use of interpreters;
does not mention interpreters for the deaf.

Utilization of Interpreters

Stansfield M.,
Psychological Issues in Mental Health Interpreting
R.I.D. Interpreting Journal 1981
(Volume: 1(1), Page 18-31
Excellent introduction to process and techniques for enhancing the therapeutic process instead of hindering it.

Utilization of Interpreters

Shupe L.E.,
The Role of An Interpreter In A Mental Health Setting
Unpublished Paper n/a
(Volume: n/a, Page n/a
Note: This is an unpublished paper by C.S.C. interpreter, MHC for the deaf and hearing-impaired. Laurel, Maryland
Useful discussion of procedures and concerns of interpreters and therapists.

Utilization of Interpreters

Maher P., Waters J.E.
The Use of Interpreters with Deaf Clients in Therapy
not listed 1984
(Volume: 17(4), Page 11-15
Research of the opinions of clinicians and interpreters; re:the efficacy of using interpreters with deaf clients in therapy.

Utilization of Interpreters

Schmidt P.T.,
Utilization of Interpreters For the Deaf in Evaluation Settings
Unpublished Paper 1985
(Volume: n/a, Page n/a
Note; This is an unpublished paper done in the fullfillment of course requirements in the Counseling Psychology Doctoral Program at Auburn University. Review of sign language and characteristics of deaf persons affecting communication with procedures for utilization of interpreters by mental health professionals.

Mobile County Community Mental Health Services, Inc.

2400 Gordon Smith Drive
Mobile, Alabama 36617
(205) 473-4423

T. Edmund Lakeman
Executive Director

June 23, 1986

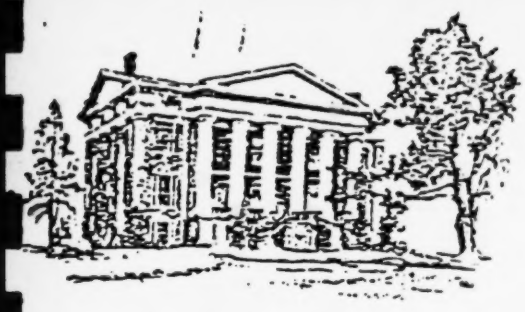
Dr. Susan R. Easterbrooks
Hearing Impaired Program
Jacksonville State University
Jacksonville, Al. 36265

Presenter: Beverly Mann
Organization Affiliation: Mobile Mental Health Center
Topical Area: Accessibility of Services (In/Out Patient - Mental Health-Counseling)

Discussion: Since August 1976 Mobile Mental Health Center has made our services available to the hearing impaired. Initially we worked conjointly with the Mobile Center for the Deaf and utilized interpreters in therapy and evaluations. After attending several workshops on interpreting, and workshops on the psychology of deafness and learning to use American Sign Language I was able to provide individual therapy, marital therapy, group therapy and give psychological evaluations without the use of an interpreter. Sign language classes were made available to our staff and deaf persons were subsequently admitted into various services including Adult Day Treatment, our In Patient Unit and were seen by psychiatrist and followed in chemo therapy. When deaf people were seen in a program and staff felt uncomfortable with their ability to use sign language, interpreters were called on from Mobile Center for the Deaf or Bishop State Interpreter Training Program or if possible I would aid the staff in interpreting. When the Southwest Alabama Regional School for the Deaf and Blind was initial phases of growth we established a contract with them and provided consultation by myself and Dr. Ron Walker, a child psychiatrist. Due to financial constrains placed on them this contract was not renewed after one year.

During our serving the deaf we have always maintained contact and provided consultation and psychological evaluations to Vocational Rehabilitation Service Counselors for the hearing impaired as well as consulted with professionals at the pre-school for the deaf. During the late 70's and early 80's we peaked in our services to the hearing impaired and served approximately 60 hearing impaired individuals and their families. As my professional responsibilities increased in other areas, the Mobile Center for the Deaf closed and the Mobile Mental Health Center was forced into constraints placed on them by lack of public and state funding, [illegible] the Mobile Mental Health Center was not able to allocate funds to provide a full time employee to provide comprehensive services to the special needs of this group of people. These circumstances along with the psychological and social stigma the hearing impaired have of mental health services has resulted in a sharp decline of our services. At present out services are available on an as needed basis mainly in a crisis situation and in effort to maintain our present clients who are on medication. I am available at the main Mental Health Center half-a-day a month to see current hearing impaired persons and am available in crisis situations whenever possible. We currently serve approximately 8 hearing impaired people. My current responsibility at Mobile Mental Health Center are to supervise and serve the Bayou La Batre are in the southern portion of Mobile County. This area is not convenient to many hearing impaired people who live in the Mobile area.

In order to improve our services to the hearing impaired it is recommended that when possible funds be allocated to hire mental health professionals with sign language skills and some experience or training in the psychology of deafness on a full time basis to re-establish contact with area agencies serving the hearing impaired and develope a program specifically to meet their needs and provide services to them.



Alabama Institute for Deaf and Blind

AIDB/KELLOGG CENTER
P.O. Box 338
Dothan, AL 36302
205-792-0022
TTY-677-6270

Office of Field Services

June 27, 1986

Dr. Susan R. Easterbrooks
Hearing Impaired Program
Jacksonville State University
Jacksonville, AL 36265

Dear Dr. Easterbrooks:

Enclosed is my Brief prepared for the COSDA Conference, on Accessibility of Services for the Hearing Impaired Population in Southeastern Alabama.

Hopefully this paper will assist you in preparing for the Conference.

I look forward to meeting with you and discussing in more detail this topic and others as well.

Sincerely,

David J. Rustay

David J. Rustay, Counselor

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Enclosure

David J. Rustay

AIDB/KELLOGG CENTER - DOTHAN, AL

I. Accessibility of Services for Hearing Impaired Population in Southeast Alabama

A. In-Out Patient - Mental Health Wiregrass System

1) At the present time, there appears to be a gross inadequacy of mental health services for the manually communicating hear-impaired population in the Southeastern part of Alabama. Those hearing impaired people who depend on a telecommunications system (TDD) to use the telephone are unable to contact the state mental health system in this area due to a lack of equipment at the local mental health service center. Even should initial contact be made, such as walk-in services, there appear to be no professionals in the mental health field, who are qualified to provide mental health services to the hearing impaired population residing in the Dothan area. From my experience with the mental health service center, there does not appear to be any personnel who could provide effective services to the manually communicating hearing impaired population. To compound the problem, this area does not have any state/national certified sign language interpreters who could be secured to facilitate the communication barrier imposed.

It should become more evident that when all of the above services are non-existent within this area, hearing impaired people, whose preferred method of communication is manual communication, are unable to receive adequate mental health services through the state funded Wiregrass Mental Health System.

It is my opinion that the State Mental Health Association should do everything possible to eliminate this apparent lack of services in the Southeastern part of Alabama. The agency should pursue several, if not all, areas to correct this inadequacy:

a) Select a present employee to receive training in deafness and mental health, and become competent in sign language.

b) Install a telecommunications device (TDD).

c) Work with AIDB through their Southeastern regional AIDB/Kellogg Center to develop an appropriate class for certified interpreters who could be secured to provide necessary sign language interpreter services.

d) Work with AIDB/Kellogg Center to develop various workshops related to hearing impairment to allow present personnel to become more familiar with mental health and hearing loss.

e) Consult with the regional AIDB/Kellogg Center for consultation whenever a hearing impaired person is in need of mental health services to assure appropriate services are being provided.

f) Create a new position within the department, and hire a person who is competent in providing mental health services to the hearing impaired.

B. Health Services

Health related services, like almost all other services available in the Dothan area, for the manually communicating hearing impaired person appear to be practically non-existent. The AIDB/Kellogg Center has begun assessing the problem and begun one sign language class at the S.E. Alabama Medical Center, which is the largest and only public hospital serving the greater Dothan area. Other than this initial training, the Center's community education efforts, and an emergency telecommunication's system through the County Sheriff's Department, there do not appear to be any additional resources available.

Not one doctor, hospital, ambulance service, or any other health service provider has even made their phone system accessible by installing a telecommunications device (TDD) on their premises. As a

matter of fact, no medical service provider in the area has accessed any type of services for manually communicating hearing impaired people. There are no interpreters, personnel competent in sign language, hearing aid banks, information services, or locations to assist personnel with delivering health services to the manually communicating hearing impaired population in the area.

It appears that the only avenue hearing impaired people have had to rely on to alleviate this dilemma somewhat was to ask a friend or relative to attempt to assist them, or contact the Sheriff's Department in case of an emergency.

We at the AIDB/Kellogg Center would like to see several additions be made with health service providers to allow the manually communicating hearing impaired person to be able to receive equal services. We believe that if certain services were implemented, the hearing impaired population would be much better served. I personally would like to see the implementation of the following services:

1) TDD unit installed at all hospitals in Southeastern Alabama.

2) Allow AIDB/Kellogg Center staff to present workshops about hearing loss to selected staff at the local hospitals.

3) Allow AIDB/Kellogg Center staff interpreter to explain interpreting procedures to appropriate staff at various health providers, and how to procure services and payment for services rendered.

4) Continue developing more sign language training for interested staff.

5) Encourage local drug stores to install TDD equipment.

6) Continue to provide local physicians and staff with information about hearing loss and availability of interpreting services at AIDB/Kellogg Center.

7) Develop workshops to familiarize nursing home staff about aging and hearing loss.

8) Strive to develop a hearing aid loaner service.

Using the implementation of the aforementioned services as a beginning, I believe we would be able to build a much more effective health service delivery system in the Southeastern part of Alabama.

PRESENTER: Earl G. Lindsey

ORGANIZATION: Vocational Rehabilitation Service
TOPICAL AREA: Service Centers

DISCUSSION:

I. Introduction:

Time available for researching, developing and writing this brief was extremely limited. However, this document is presented to COSDA's Call for Briefs for whatever good purpose it may serve. "Networking" and "Alliances", combined with Service Centers in the list of issues, are not addressed specifically in this brief. They are, however, approaches agencies often use to carry out their mission or to assure coordination.

II. Current Programs/Services:

Alabama does not have "pure" service centers — rather it has independent living programs, rehabilitation programs and educational programs which provide some services to the deaf community. The Independent Living Center (ILC) funded through Title VII of the Rehabilitation Act, is the program nearest to a Deaf Service Center in Alabama. The difference is one of degree, scope of services, and terminology. For the purpose of this brief, a Deaf Service Center is defined as a "center offering comprehensive services including interpreting, information and referral, telephone message relay, advocacy and community awareness". Services are provided at no cost to the deaf client. Preferably such centers would also include recreation, adult education, social services and other services not provided through existing programs.

Existing programs attempt with limited funding, staff, and missions to meet community service needs. It is unfortunate that such noble efforts

often have a detrimental affect. That is, partial services can prevent or defeat efforts to establish more comprehensive programs. Secondly, such efforts, if not done well, can lead to complaints from the deaf community to the detriment of the program attempting to extend service beyond its basic mission.

III. Unmet Needs:

Educational and rehabilitation programs generally address only the developmental educational and vocational needs of deaf and hard of hearing individuals. Unmet needs listed in the order of priority are:

A. Support Services - Once the educational and habilitative stage of development is completed, the need for varying degrees of support services continues. This will range from message relay or occasional interpreter services to financial management, legal guardianship, housing assistance and counseling services.

B. Interpreting - Interpreting is a support service listed separately due to its degree of importance. Again, the need ranges from the development and coordination of interpreters to provision and compensation.

C. Housing - An array of housing options with varying degrees of supervision and services are needed.

D. Advocacy - The range of need is from someone to assist the individual interface with the hearing community to representing their interest within business, governmental programs, courts and the legislature.

E. Mental Health Services - Generally the prevention and intervention for mental/emotional problems need of development. This is not an indictment of the Alabama Mental Health Program or several

conscientious advocates within the Department of Mental Health in Alabama; it is more a reflection of the state-of-the-art in the nation. A more intensive national thrust is needed to establish the environment for the development of expertise and funding.

F. Sheltered Employment - Like housing, a similar array of options are needed including supported work and projects with industry.

G. Recreation - Due to the isolation of the deaf community and the barriers to accessing community activities, special recreation services are needed, especially at the local level.

H. Services to the Elderly - This has special meaning when one is referring to the elderly deaf person. Existing isolation is enhanced. Existing barriers become more difficult to bridge. Expertise and programs are even more scarce than for the general population.

The above list is not inclusive of all needs, or necessarily the most important needs. It includes needs which come to mind without further research. As a service mode, Community Service Centers can address most of these needs. With housing, mental health services and sheltered employment, the role would most likely be limited to advocacy and the provision of interpreter/support services.

IV. Barriers:

The greatest barrier may be the lack of commitment by society. This lack of commitment exhibits itself in a lack of legislation and funding appropriations. Without such legislation and funding, the deaf community and those who serve the deaf community flounder when attempting to identify responsibility and provide leadership.

The development of qualified personnel traditionally follows

legislation and funding of programs. Everyone recognizes the scarcity of qualified personnel, specifically interpreters and professionals in the human service disciplines. One discipline with a shortage of professionals qualified to serve deaf clients, and perhaps the discipline which would address these unmet needs to the greatest extent, is social work at the masters level.

V. Impressions/Recommendations:

Granted, all programs presently providing services could be more effective. Educational and rehabilitative programs must continue their efforts to be more efficient and effective in their service delivery. However, Deaf Service Centers generally serve needs not addressed by existing programs.

Programs now providing community services could be seeds for Deaf Service Centers, particularly the ILC and the Kellogg Centers. Programs funded by education, rehabilitation, JTPA or other legislation now providing limited services would likely be prohibited from developing into comprehensive service centers. Administrative affiliation would be feasible. The AIDB administers the Kellogg in cooperation with the Division of Rehabilitation and Crippled Children Service. Rehabilitation Programs in several states administer Deaf Service Bureaus.

Possibly the greatest challenge facing Alabama is to develop a concensus of prioritized goals toward which combined efforts can be directed. The Association of the Deaf (AAD) should coordinate these efforts. Perhaps COSDA could assist the AAD in this effort.

The development of Deaf Service Centers as defined in this document offers the greatest potential for services to the deaf community. Preferably, Centers should be centrally coordinated, community based, and client focused. Their role would complement, not duplicate, existing services.

NEEDS OF PARENTS

Professionals in the area of education for the hearing impaired recognize the important role that parents have in the education of hearing impaired students. Parents need accurate information about hearing loss and its implications from a supportive, informed professional upon initial identification of a hearing impairment in their child. Support groups for parents in the early stages of education are critical in helping the parent understand their role and in knowing where to obtain the services the hearing impaired child needs.

The Program for Exceptional Children and Youth has a toll-free number for parents in Alabama to call for information and to inquire about services their child may or may not be receiving in the schools. The Program for Exceptional Children and Youth staff recognizes that more parent training in legal issues, ways to work with local school personnel, and due process procedures is needed statewide. This item will be addressed as a priority for the Program for Exceptional Children and Youth staff in 1986-87.

PRESENTER: RAYMOND C. STEELE, JR.

ORGANIZATIONAL AFFILIATION: GULF COAST ASSOCIATION OF THE DEAF, INC., AMERICAN ATHLETIC ASSOCIATION OF THE DEAF, INC., SOUTHEAST ATHLETIC ASSOCIATION OF THE DEAF, INC., SOUTHERN SPORTS ASSOCIATION OF THE DEAF, ALABAMA ASSOCIATION OF THE DEAF, INC., NATIONAL ASSOCIATION OF THE DEAF, INC., NATIONAL FRATERNAL SOCIETY OF THE DEAF, INC., ALABAMA ALUMNI SOCIETY OF THE DEAF, INC., ALABAMA SCHOOL FOR THE DEAF ALUMNI ASSOCIATION, NATIONAL BASS ASSOCIATION OF THE DEAF, AND SOUTHERN BASS ASSOCIATION OF THE DEAF

TOPICAL AREA: LEGAL ISSUES

DISCUSSION: A LEGISLATIVE BILL RECOGNIZING AMERICAN SIGN LANGUAGE (ASL) AS A COMMON LANGUAGE IS NEEDED ON THE STATE AND NATIONAL LEVELS.

I. HISTORY OF AMERICAN SIGN LANGUAGE (ASL)

II. BENEFITS OF PENDING AND NEEDED LEGISLATION

III. SENATOR WEICKER'S BILL AND THE NEED FOR FUNDING.

A LEGISLATIVE BILL RECOGNIZING AMERICAN SIGN LANGUAGE (ASL) AS A COMMON LANGUAGE IS NEEDED ON THE STATE AND NATIONAL LEVELS.

THE HISTORY OF SIGN LANGUAGE BEGINS WITH THE BENEDICTINE MONKS AROUND 530 A.D. THOMAS HOPKINS GALLAUDET BROUGHT SIGN LANGUAGE FROM THE PARIS INSTITUTE TO THE UNITED STATES AROUND 1816 AS HE ESTABLISHED GALLAUDET COLLEGE IN WASHINGTON, D.C. SIGN LANGUAGE WAS ALMOST DEAD UNTIL THE 1960'S WHEN SCHOOLS FOR THE DEAF ACROSS THE COUNTRY AGAIN ALLOWED SIGNING IN THE CLASSROOM AS AN INSTRUCTIONAL METHOD. A FURTHER ADVANCE WAS THE BEGINING OF TOTAL COMMUNICATION OF THE 1970'S. TOTAL

COMMUNICATION COMBINES SIGN LANGUAGE, FINGER SPELLING, READING, WRITING, HEARING, SPEECH AND SPEECH READING SKILLS.

LAW MAKERS IN MAINE, WYOMING AND MICHIGAN ARE PLANNING TO INTRODUCE BILLS RECOGNIZING AMERICAN SIGN LANGAUAGE (ASL) AS A COMMON LANGUAGE. SUCH LEGISLATION WOULD PERMIT ASL TO BE TAUGHT TO BOTH DEAF, HEARING IMPAIRED AND HEARING STUDENTS. A SIMILAR BILL WAS PASSED IN TEXAS IN 1979. ALABAMA LEGISLATORS NEED TO REVIEW THE PROPOSED ASL BILLS AND CONSIDER PASSING SIMILAR LEGISLATION. WE CANNOT WAIT FOR THE FEDERAL GOVERNMENT TO TAKE A LEAD IN THIS MATTER. THE GRAMM-RUDMAN DEFICIT REDUCTION BILL, WHICH WAS APPROVED BY CONGRESS, REQUIRES GALLAUDET COLLEGE TO RETURN APPROXIMATELY $3,000,000.00 IN FEDERAL FUNDS AS OF MARCH, 1986. THIS IS JUST AN EXAMPLE OF THE MONUMENTAL EFFECT GRAMM-RUDMAN CAN HAVE.

UNITED STATES SENATOR, LOWELL P. WEICKER (R-CONN.), CHAIRMAN OF THE SENATE SUBCOMMITTEE ON THE HANDICAPPED, HAS INTRODUCED A NEW BILL THAT WOULD CHANGE THE NAME OF GALLAUDET COLLEGE TO GALLAUDET UNIVERSITY. THE BILL WILL ALSO OPEN THE SCHOOL TO HEARING STUDENTS WHO ARE INTERESTED IN THE PROFESSION OF EDUCATION FOR THE DEAF. THIS WILL PROVIDE THEM A BACKGROUND TO ASSIST IN PROVIDING DEAF AWARNESS INFORMATION TO THE GENERAL PUBLIC FOR FINANCIAL SERVICES, FAMILY SERVICES, EDUCATORS, COUNSELORS, MEDICAL PROFESSIONALS, LEGISLATORS, BANKERS, INSURANCE AGENTS, REAL ESTATE BROKERS, SOCIAL WORKERS, VOCATIONAL REHABILITATION COUNSELORS, AND SPECIAL SERVICE GROUPS SO HEARING STUDENTS CAN ASSIST IN MEETING THE NEEDS OF THE NON-HEARING POPULATION OF THIS COUNTRY.

NEEDS OF THE PARENT OF A DEAF CHILD

By Odean Moran

I. Parents as Counselors
   - A. Help Needed by Parents
   - B. Counseling the Deaf Child
   - C. Questions from Parents

II. Problems of Deaf Children
   - A. Rejection
   - B. Communication
   - C. Peer Acceptance
   - D. Job Opportunities

III. Available Resources for the Deaf
   - A. Uninformed Parents
   - B. Interpreting Services
   - C. Limited Opportunities

IV. Absurd Costs for "Deafness"
   - A. Discrimination by Insurance Writers
   - B. TDD Communication

V. Parent-to-Parent Contacts
   - A. Parent Organizations
   - B. One-to-One at Time of Need
   - C. New Problems

-30-

COSDA PRESENTATION

"Meet the deaf child's needs and the parent needs have been met". Consider that statement -- is it true??? You might say, "In a sense that's true", or "Well - - - not necessarily", or "What do you mean?" Listen again, "Meet the needs of the deaf child and the parent needs have been met" -- You wanna know my answer? ? ? NOT SO!

Good counseling is very important for our deaf kids. We, as parents, know they need it, and they need it more often than they get it! Therefore, the job falls on us. We must try harder to improve communication. We must "listen" to our deaf kids as we do other children. There is such a shortage of dedicated deaf and hearing people who are trained for counseling the deaf, we, as parents, should be prepared to "key in" on needs of the deaf child. Too often we fail to pick up on the problems and questions that the kids encounter as they grow and develop into independent tax-paying individuals. The parent is ready to scream, "HELP-ANYBODY!!"

"The deaf child's problems are his parent's problems." Well---they certainly should be! When that child shares his problem with the parent, he needs the assurance that if his parent cannot help solve the problem, he or she will seek help from those qualified people who can. Who and where are they?

Besides the problems, we do share many joyous moments such as: feelings of success, saying that first word that Mom understands, competing in the hearing world and winning, playing in his first football game, getting a driver's license, having a first date, or getting a paycheck.

There is something else that really "cuts deep" and parents need to know how to deal with it and that is "hurt". A parent feels so helpless when that deaf child feels depression from being left out, just being deaf, lack of communication, lack of success, peer acceptance, sibling rivalry, job rejection, or time element involved in attaining an education. Many time, this mother has gone to the restroom and cried out, "Lord, you've gotta help me through this one, too!"

Many deaf children and adults limit their achievement opportunities simply because they will not let their needs be known. Because of their strong desire to be independent, they do not demand their rights. We, as parents, need to be knowledgeable of those rights and make sure all available resources are afforded the deaf. I might add, those resources should not be "just available", they should better meet needs of the deaf. For instance, an interpreter should be more than a "signer of words". He should interpret in simpler language without changing the intended meaning. Those services are needed to interpret written language, also, for various types of testing.

Do you know -- we pay a high price for "deafness". For instance, the automobile accident rate among the deaf is low -- but what about those insurance rates -- if you can get it at all?? DISCRIMINATION PLUS! ! ! ! Folks, those costs are grossly unfair -- what can be done about it?

I am told that one can get a discount on TDD calls -- no one has told me how to get it! Can a telephone be equipped so that a deaf person knows that the party line is busy? How does he know he has a dial tone? What number does he call in Alabama to get TDD services?

A parent organization is really good, but another parent with whom

problems can be shared one-to-one at a time of need is most beneficial. It is very gratifying to find someone with whom to identify, especially with the young deaf child. Wouldn't it be great if we had a directory of parents of the deaf?

I can assure you that with growth of communication, the pressure of coping with the hearing-impaired child is relieved. However, new problems will arise and we will continue to need help now and forevermore!

CONCERNS OF LEGAL RIGHTS OF THE DEAF

By Peggy Estes

I. Criminal Court Proceedings:

A. Arrest for Felonious Crimes

1. Communications with Enforcement Officials
2. Availability of Interpreter right after putting in jail
3. Help the Deaf contact his/her relatives
4. Problem of Finding Defense Attorney who is familiar with deafness

B. Pre-Trial Proceedings

1. Bail
2. Arraignment
3. Plea Hearing

C. Trial Proceedings

1. Accuracy of Interpreting
   (In some cases, it would be advisable to have two interpreters so they can check on each other. Also, it would be advisable to videotape the interpreter for verification of the official transcript of the official proceedings.)
2. Adequate Defense Counsel
3. Defendant's Capability of Logical & Legal Understanding

II. Civil Court Proceedings:

A. Trial Proceedings

1. Accuracy of Interpreting
2. Adequate Defense Counsel
3. Defendant's Capability of Logical & Legal Understanding.

III. Legal Rights of Mental Deaf Patients:

A. Insanity Proceedings

B. Deaf Patients Receiving Adequate Treatment and Proper Care

C. Training Professional Workers in Sign Language Usage

D. Possible Abuse of Institutionalized Mental Patients

E Services for Outpatients.

IV. State Legislature Affecting the Lives of the Deaf

A. Lobbying in State Legislature

B. Monitoring the Agencies Enforcing the Law in regard to services to the deaf.

C. State Commission or Council for the Deaf

D. Full-time Deaf Professional to Coordinate ALL Programs Affecting the Deaf

CHAPTER 5

PANEL REPORTS

This chapter contains three of the four assigned panel reports. The first report, written by Donald Rhoten of the Gallaudet Southeast Regional Center summarizes findings in the areas of Trends in Education of the Deaf and Interpreting Services. The next report, written by Hank Reidelberger of North Florida Junior College's Hearing Impaired Program summarizes findings in the areas of Networking and Needs of Parents. Thirdly, Maxine Smith of the Janice W. Capilouto Center for the Deaf summarized the panel's findings in the area of Accessibility of Services.

In three areas, panel reports were not received. These areas are Postsecondary Education, Public Awareness, and Legal Issues. Concerns expressed in these areas will be summarized along with the overall summary in Chapter 4.

Flagler College
Post Office Box 1027
St. Augustine, Florida
32085—1027

August 15, 1986

Mr. Daniel L. Miller, Resource Teacher
Postsecondary Program for Sensory Impaired
College of Education
Jacksonville State University
Jacksonville, Alabama 36265

Dear Dan:

Here are my summations, albeit late. Hope this is what you wanted.

See you soon!

Sincerely,

Donald E. Rhoten
Program Director
Gallaudet Southeast Regional Center

DER:jrh

enclosure

"Trends in Education of Deaf Children"

It would appear that the state residential school is pursuing a course of diversification of services to the deaf community and the field of deafness. The pursuit to become a state resource center or "Center on Deafness" is correct and appropriate. This trend should continue and broaden. Increased services should be made available to parents, deaf adults and school districts/ professionals.

The challenge of the residential school and school districts working cooperatively is a formidable one but must occur if the education of the deaf in Alabama is to thrive and grow. The role of the residential school and school districts should be clearly defined and understood. It would perhaps be helpful if the role of each type program was documented and articulation agreements developed. Irregardless, cooperation and open communication instead of competition is essential.

Finally, the quality of educational programs must be constantly and closely monitored. Trends and research in deaf education need to be reviewed and considered for implementation. A state wide inservice program should be developed annually with follow up strategies included to measure the success and effectiveness of the program.

"Interpreting Services"

The most critical problem under this topic appears to be the lack of trained and highly skilled interpreters. It seems that this problem is of such magnitude to warrant a crisis situation to be declared by agencies involved in deafness and major recruitment efforts made to train capable interpreters.

It would be extremely beneficial to establish regional referral centers located in large metro areas. Perhaps initially this would be done on a "volunteer" basis under the scrutiny of ALRID, or the Kellogg Service Centers or V.R. offices could be considered. Nonetheless, the individual serving as "dispatcher" should have an extensive knowledge of deafness and an interpreter background.

A uniform pay scale should be developed with state agencies taking the lead by honoring/supporting what is agreed upon. Interpreters should also support this by not accepting negotiated or reduced rates.

ALRID should embark on a major public awareness campaign to inform persons and agencies of what interpreters do, their qualifications, ethics, demands at certain situations and deaf rights. Pamphlets should be devised and inservices presented.

It is easy to make recommendations, but implementing them is very difficult because of the relatively small size and the lack of lobbying power of the interpreter community. Therefore, it is recommended that a task force of agencies be established to meet and develop and pursue a plan of action to assist ALRID with improving the quality and quantity of interpreting services in Alabama.

NORTH FLORIDA JUNIOR COLLEGE

MADISON, FLORIDA 32340

Investigative Report
Hank Reidelberger, Coordinator
Program for the Hearing Impaired
North Florida Junior College
Madison, Florida 32340

Deaf service providers in Alabama are in a fortunate position concerning the continuum of services for deaf Alabamians. The in-place service providers seem to be providing adequate services but only to a small percentage of the total population. Services to deaf Alabamians need to be expanded and in doing so eliminate policy, funding and attitude barriers.

In the area of Mental Health Services, David Rustay of the Kellogg Center in Dothan, Alabama, said attitude barriers exist in upper-level mental health administrators. Rustay said the front-line mental health service providers seem willing to make their services abailable to deaf persons. But because of the attitude of their administrators, funds are not available to provide these much needed services.

In the light of Gramm-Rudman cuts, the lack of political power in the deaf community and among the agencies who serve it are at a great disadvantage. One way to prevent the loss of funds for existing programs and to continue funding for expansion of services is to lobby politicians. Presenting a united front to legislative groups is vital for survival. A network of citizens and agencies very much like an organization such as COSDA, can collect and analyze data for member agencies. The member agencies submit raw data to the central organization. The central organization "crunches" the numbers and sends back a statistical profile to the member agencies. The local agencies use this data as ammunition in their efforts to sway local political units. The central network uses the local data to compile regional and statewide profiles to lobby regional planning cernters and the state legislatures.

Words like: "a lot," "many," "most of" and other glittering generalities are wothless in the world of cost conscious politicians and grants writers. Statistical data, properly collected and presented, is difficult to refute.

This is the case in all services being provided or need to be provided to the deaf community.

"North Florida Junior College Supports Equal Access and Equal Opportunity"

During the Needs of Parents testimony by Mrs. Moran and the parents in the audience "about 50%" of the parental needs are being met. These needs range from education to auto insurance to independent living services. These needs require "multi-disciplinary" problem solving. These concerns are shared by many groups but require different expertise to solve - a good problem to overcome by networking via the statistical base and the political process.

Naturally, all of the above present legal issues. Some of the issues facing the deaf community and its service providers will have to be settled in court. Unfortunately, the legal progession has little knowledge of the "deaf world." Deaf persons and their hearing service providers who enter the legal arena enter a hostile environment that is ignorant of their language, culture and missions.

Establishing a centralized organization of citizens, advocates and service providers who have a comprehensive data base from which to operate can provide needed assistance to the deaf community.

This cooperation and support can enable deaf Alabamians to dismantle the barriers to full participation in Alabama society.

JANICE W. CAPILOUTO CENTER FOR THE DEAF

1521 Mulberry Street, Montgomery, AL 36106
Voice/tty 264-4533

August 11, 1986

Dr. Susan Easterbrooks
Post-Secondary Program for the Sensory Impaired
Jacksonville State University
Jacksonville, AL 36265

Dear Dr. Easterbrooks:

Enclosed you will find summations of the Accessiblity of Services as requested. I'm not sure if it is the format or the information you preferred. If it is not satisfactory, please let me know.

I did not do a summary on the needs of parents as it was very sketchy, and the needs I kept hearing were, simply: provide support, understanding, and information regarding agancies available for assistance (financial, educational, and personal).

Thank you for allowing me to participate in the forum, and please let me know if I can be of further assistance.

I hope you are feeling better now as I spoke to Jamie today, and she indicated that you were under the weather. Hope to see you again soon.

Sincerely,

Maxine Smith

Maxine Smith

DATE: August 11, 1986

TO: Dan Miller

FROM: Maxine Smith

RE: SUMMATIONS OF THE ACCESSIBILITY OF SERVICES

WIREGRASS SYSTEM
David Rustay

I. Mental Health (Southeastern Alabama)

A. Lack of communication devices (ie-TDDs)
B. Lack of qualified personnel
   1. Not trained to understand deafness
   2. Not trained to communicate through sign language
   3. Not trained to properly use certified interpreters
C. No nationally certified sign language interpreters available

II. Solutions

A. State Mental Health Association should:
   1. Select an employee to receive appropriate training
   2. Install a TDD
   3. Aid the AIDB/Kellogg Center in training certified interpreters
   4. Aid the AIDB/Kellogg Center in providing workshops related to hearing impairment for current Mental Health employees
   5. Consult the AIDB/Kellogg Center when services are provided for a hearing impaired individual
   6. Hearing aid loaner service

B. Other areas of concern include:
   1. Physicians and staff
   2. Hospitals
   3. Ambulance Services
   4. Drug Stores

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Questions for Mental Health:

1. What is Mental Health doing to address the problem of those hearing-impaired individuals who do not want to have an interpreter present and how does that affect their rights?

2. Do the funds provided through Mental Health include payment for communication devices, such as, TDDs?

MOBILE MENTAL HEALTH CENTER
Beverly Mann

The Mobile Mental Health Center has served the hearing-impaired population since August 1976 but have served more in the past (60 served during the 70's and 80's) than they are currently (8 Clients). Due to funding cuts and the closing of the Mobile Center for the Deaf, comprehensive Mental Health services are not always available. One trained individual from Mental Health is available half-a-day a month and on a crisis basis when possible.

Recommendations:

1. Provide funds to hire mental health professionals with sign language skills and some experience or training in the psychology of deafness.

2. Re-establish contact with area agencies serving the hearing-impaired population to develop programs and services to meet their needs.

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INTERAGENCY TASK FORCE ON MENTAL HEALTH AND DEAFNESS
Anne Fain

The Alabama Department of Mental Health and Mental Retardation has joined with the Department of Education's Division of Rehabilitation Services to provide outpatient and/or inpatient services from 24 community mental health centers in Alabama through the utilization of a consultant on deafness and mental health one day a week.

This individual is responsible to:

1. Train interpreters and mental health clinicians to work as a team in delivering mental health services to the hearing-impaired citizen.

2. Train referral agencies in how to assist deaf and hearing-impaired citizens and families in accessing mental health services.

3. Orient the hearing-impaired citizen and family regarding availability of services.

The hearing-impaired citizen must seek the assistance of a friend or relative in order to set up and appointment and request an interpreter if one is needed.

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CHAPTER 6
VERBATIM TRANSCRIPTS

EXPLANATION

During the first session of the forum, the forum moderator described the purpose of the sessions. The purpose of the forum was to develop a comprehensive document that may be shared among individuals and agencies to assist in steering the State in appropriate directions for serving hearing impaired individuals. Panel members and participants were identified.

Topics discussed during this session were:

Trends in Education of Deaf Children

Postsecondary Education

Interpreting Services

Public Awareness

This chapter contains a verbatim transcript of the interactions among presenters, panel members, and the attending audience. Where possible, the speaker was identified. Numerous members of the audience were hearing impaired, and their comments were interpreted from sign language to oral English by the assigned interpreters. Interpreters for the forum were Sue Scott and Robin Price. Since the Court Stenographers were out-of-field, some of the jargon used was unfamiliar to them. Corrections to the transcripts were made where appropriate.

1st Investigative Panel

Friday, July 25, 1986

S. EASTERBROOKS:

How we plan to conduct the procedure this afternoon: The purpose of this investigative forum is for the members of COSDA to have the opportunity to express what they feel are the major needs of deaf Alabamians and to develop a comprehensive document that we can share among ourselves and among agencies to have an idea of what issues we as a group need to address. You've all participated in needs assessments before and have filled out form after form after form; I am sure. We're trying to do this in a different fashion by allowing expert witnesses to provide us with information and then by allowing the audience to express their concerns. We have identified eight major issues which we chose, based on what we have noticed in the professional literature, and we have asked two individuals to speak on each of these issues. We also have identified a group that we call the investigative panel, who is responsible -- who are responsible for collating all the information written and verbal into five or six major points in each area. Which we then as an organization may address. We're already running behind schedule but the plan for this schedule is for each issue to be discussed for half an hour. Two individuals will present on each topic, the presentation will be five minutes, the panel will question for five minutes, and then we will ask you in the audience to give us your opinion. For the next five minutes, then, we'll move on to the next speaker, or the next issue. I know that that is a very fast pace, but that's the amount of time that we have. I'd like to introduce you to the investigative panel. Don Rhoten, you met earlier when he spoke; Mrs. Janice Daughtry, who is the parent of a hearing impaired college age student;

and Mr. Louis Easterly, also a parent of a college age, hearing impaired, young adult. Instead of Dr. Patterson giving the presentation in Trends in Education of Deaf Children, Dr. Hank Baud will speak. If I cut you off after five minutes do not take offense. It's to keep the pace going.

H. BAUD:

Thank you. I will try to limit my remarks to five minutes. The approach that I'm going to take this afternoon is to look at future trends in the education of the deaf, from the residential school perspective. And I think if I have to make a major premise as an opening statement, it would be that residential schools for the deaf are changing throughout the United States. I'm not going to speak specifically for Alabama; I'm going to speak basically on a national survey that Dr. Doug Patterson and I did about six to twelve months ago: looking at how residential schools are meeting the changing needs, and the fact that they actually were meeting that need. Let me go through six key points that we found in the efforts made by residential schools to evoke change to become a responsive agency. The one item that came across strongly, and Mr. Rhoten picked that up this morning, and that is his favorite word "Networking." There was strong evidence, throughout the respondents of this survey, that agencies were working together to serve hearing impaired individuals: State departments of education working with residential schools, vocational education working with residential schools, LEA's public schools working with residential schools to meet the needs. This is not a -- This is in some way a very remarkable change from the stand point that in many cases this used to be an isolation, and its trend across the nation is away from that isolation. The second point that came across very strongly, and this is one that we're very supportive of, is there is an increased emphasis on early intervention services throughout the United States for hearing impaired

individuals; starting as early as identification is made. Many of these services being home intervention services, working with the parents as the primary trainer, not the children. We also have found increased awareness and betterment of early identification services through medical and audiological testing, and that's a very strong program. Residential schools in many states are the lead agencies in the early intervention service. That will have some long range impact on services to all hearing impaired individuals as they move through their educational process. Almost all residential schools are servicing a different population than they were, certainly, ten years ago. Residential schools are serving far more complex children: multiply handicapped children; deaf, emotionally handicapped; deaf, retarded children. The population has changed, and fortunately, many residential schools have changed their curriculum to meet the needs of this population. No longer are residential schools serving what would be considered a traditional hearing impaired individual. We also have in some cases residential schools branching out and serving different populations, especially the geriatric population, which is a population that no agency in the United States is designated to serve; and it is one of the highest incidence of hearing impaired in that population. We also found a far more intense and creative approach to independent living provided by residential schools, and also more emphasis on work experience programs. Partnerships with industry, getting students involved in on-the-job training at a very early age in private industry, partnerships with private industry--all leading and attempting to meet the needs of, the employment needs of, the hearing impaired population. And this is happening in a much younger age. We have evidence of this happening at 13 and 14 years of age, work experience and moving into private industry. A very strong, and I think very positive, trend if we're going to

deal with the unemployment issue of the deaf. An issue that has been very sensitive in a number of residential schools, and that is the issue of life-long care. As we serve a more handicapped population, one who has a potential to work, but perhaps does not have the potential to live independently and needs some degree of sheltered workshop -- sheltered living combination. Who has the responsibility for providing this life-long care? It's a conversational issue among residential schools who traditionally have not been mandated to provide life-long care. And that goes back to the "networking" with mental health, or in some states where you have an umbrella agency and human services. Where does the residential school fit in? In some states the residential school has taken on the responsibility for life-long care of the sensory impaired. And these would be for the multi-handicapped, truly those individuals who will need some degree of sheltered living. Summer program -- and this is something that I think is an area residential schools have finally addressed. There are a lot of potential programs available, or should be, that should be available during the summer, both remedial in nature and also supportive in nature, to those students who perhaps are mainstream and need intensive evaluation or supportive services. We also have learning vacations, much after the Gallaudet Model, involving parents and families of hearing impaired. We also have, I think, some increased emphasis on programs for gifted hearing impaired as the summer -- in the supplemental program. These are badly needed in most states. Some, again, residential schools have taken this on. Residential schools from our survey and from our contacts with individuals have taken on, and much of it out of the necessity, an emphasis on a changing role for residential schools, audited the traditional model, and given an attempt to meet the unique needs of this population in 1986, versus what they were doing in the mid '70s.

S. EASTERBROOKS:

Questions from the panel?

(No response.)

S. EASTERBROOKS:

Questions from the audience?

AUDIENCE:

You're from the Alabama School for the Deaf; I think I know you. And I want to ask you this question about captions: Do you have captions in the classroom to teach them senses -- to teach them language on television -- captions on television that are used in the classrooms. Do you do that?

H. BAUD:

We do not have the capability to caption. We do not have the capability to caption.

AUDIENCE:

Some schools in the United States have captions in the classroom to help the children learn language.

H. BAUD:

We do not have that capability.

AUDIENCE:

Is there any conformity between the academic curriculum used at I.D.B.A and what is used in this school district?

H. BAUD:

As far as the academic curriculum, only to the extent where students are mainstream. We know what the course work would be in the public schools, and we know where that student would fit into that classroom; and, therefore, in preparing the student to go into mainstreaming, we would know the text -- We would know the curriculum used, and that student would start to be merged in

that process before entering the mainstream. There is no state wide curriculum, though, for hearing impaired, where all schools are using that same thing.

L. EASTERLY:

Could you elaborated on some of the communication, articulation that occurs between the school and the school district?

H. BAUD:

Our best interface is through what we have set up: a nine weeks' ongoing program where we have a regional director, who basically works for the Alabama Institute, but is based locally throughout the state. And that person has the responsibility of interfacing with the directors of special education and the local programs. They are in constant contact with our parent-infant program making sure the school director is aware of these children and having joint IEP meetings with these children. They also serve as the interface between IADB and the local school district. We also have one person at the institute of Admissions and Assessment, and that is the contact person for all of the LEA's into the institute. We have, in the past, had advisory committees that involved direct, special education, visitations to campuses. We participated in CEC conferences, attempting to keep that communication open. We have a number of school districts visiting throughout the year.

DON RHOTEN:

Does AIDB provide open in-service staff to public school teacher's staff?

H. BAUD:

Yes. Both on campus and in the field. If we have an in-service training for our parent-infant program, we encourage and invite the teachers of the local school district, then the parents of that area, to come in. And we also, with the state department, when they have in-service, our teachers are invited

to their in-service training. Now, we have the opportunity for our staff to go to a school district and serve in the technical assistance capacity in working with the school district. We have our audiologists go out and work auditory training. We have our curriculum specialists going out at the school, at their request, so it is a good point of interface, there.

S. EASTERBROOKS:

Questions from the audience?

AUDIENCE:

Dr. Baud, I was wondering, is AIDB -- not only then -- Are you aware of any other state schools that have a method for evaluating teacher's competency in sign language as they're hired into the school?

H. BAUD:

A number of residential schools have that program in place. I know South Carolina has a rather extensive evaluation and training program. Tennessee has parts of that in place. We have the beginning of that; we do not have that. We are not as far along in the formalization of the evaluation and training program as we probably need to be. I do know, and I am quite familiar with, South Carolina, and it's quite extensive; and they do have a staff person designated for that responsibility.

AUDIENCE:

When you serve these local LEA's, do you have a program set up that you teach regular teachers how to accept a deaf child into a mainstream classroom?

H. BAUD:

I smile at that comment because we were at an advisory committee last Friday--it was an advisory committee for the blind--and a parent of a blind child who was mainstream asked the very same question. And the response is the same that I'm going to give. We don't have that set-up right now, but it is

obvious, from your question and the question of this gentleman last Friday, that there is a tremendous need for this type of program; and that we probably need to play a more aggressive role in attempting to get that activity under way. We also feel that there is a responsibility; and we, again, need to work with them for teacher-training programs on their pre-service program on regular classroom teachers to emphasize exceptional children in general and what to do with them. There needs to be a working relationship with teacher-training programs so that regular classroom teachers in their pre-service training get exposure to handicapped children both--either through a textbook approach or, hopefully, a practical experience so that when they do go out into public schools and are teaching in a regular classroom and have a mainstream handicapped child, it is not their first exposure. But, I think we probably have a responsibility, the state department and I hope our higher education agencies also understand that they have a responsibility.

J. DAUGHTRY:

On your summer programming -- I'd like to know if you have a reading program, summer reading program, set up for deaf children?

H. BAUD:

Like I say -- Do you mean we the institute or --

J. DAUGHTRY:

Residential schools on the whole.

H. BAUD:

Many of the residential schools do emphasize language, art, and reading during their summer program. We at this time have had one on the drawing board and planned, but not funded. We have not operated a summer reading program. I think we have certainly recognized the need for that, both for our residential students, but also for the mainstream child. One program I didn't

mention that we have during the summer, that picks up some of this, would be college preparatory programs. When students are enrolled in college who come from a six weeks simulated college experience on a college campus, and again attempting to help them adjust for the world of college in a structured approach; and that has been a very successful program.

S. EASTERBROOKS:

Time. Dan Miller.

D. MILLER:

There are presently policy development activities at the national level in regard to the concept of least restrictive environment and the implementation of this concept. It is widely recognized that the public, as well as many professionals, do not have a clear understanding of the concept of least restrictive environment. The terms "least restrictive environment" and "mainstreaming" are often used synonymously when discussing placement of handicapped students; however, this is incorrect. Least restrictive environment mandates a continuum of alternative placements of which placement in a regular class is only one alternative. The Program for Exceptional Children and Youth, recognizing that there are misconceptions of the least restrictive environment concept among local education agencies, will undertake a study of the issue during the 1986-87 school year. A task force will be appointed to study the issue as it exists in Alabama and will provide direction to the Program for Exceptional Children and Youth in planning for the implementation of the least restrictive environment concept in our state. Vocational Rehabilitation and Crippled Children's Service, Vocational Education, and Special Education, have developed a written cooperative agreement based upon a mutual commitment and philosophy of placement of handicapped persons in the least restrictive environment and a commitment to

the provision of coordinated services and lead to their employment. The three state agencies have agreed to plan and conduct activities together that will provide leadership to and encourage innovation by, local agencies in implementing transition plans. In addition, the agencies have agreed to collaborate on funds and personnel, where possible, to maximize the use of available resources. Regional workshops were held during the past year to introduce the concept of transition to local agencies, and additional training will be conducted during the 1986-87 school year. In addition, the new Administrative Policy Manual from the Program for Exceptional Children and Youth states that a transition plan is to be developed and initiated, and a transition goal stated as part of the student's IEP by the end of the ninth grade or age 15. Additional training is needed by personnel at the local level in implementation of this objective. In particular, appropriate assessment and career counseling is needed for deaf secondary students in several areas of the state. In regard to medical services needed by hearing impaired students in the state, better communication is needed between local education agencies and State Crippled Children's Service. Current audiologic information and medical folow-up reports are needed as documentation by Eligibility Committees and IEP Committees. In several areas of the state, local education agencies have not had access to this type of assessment information from State Crippled Children's Service and have arranged for medical and audiologic testing at local education agency expense. Better communication and sharing of records is needed in this regard. Because the incidence of hearing impairment is low in the total school population, the provision of appropriate educational opportunities across a broad range of ages and abilities is difficult for local agencies. Hearing impaired students also need a comprehensive program that includes a variety of support services. Because of the low incidence of this

hanicapping condition and the need for support services, programs hearing impaired are generally expensive. At the present time, the quality of education programs for the hearing impaired vary greatly across the state due to the lack of coordination of services which are presently available. The Program for Exceptional Children and Youth will encourage local education agencies to cooperate in efforts to provide services to hearing impaired students by developing cooperative programs to serve students from pre-school through secondary levels. If efforts to allow for transition from pre-school programs to elementary programs and from secondary programs to vocational programs are to continue, there must be better agency collaboration of resources and better coordination of funding sources to provide the comprehensive type of services needed. The newly-adopted Administrative Policy Manual, Bulletin 1986, No. 36, which becomes effective July 1, 1986, included some changes in the documentation needed by the Eligibility Committee for identification of hearing impaired students. Previously, an individual, intellectual evaluation was required for initial eligibility; however, that requirement has been removed from the current vision screening, audiologic evaluation, an expressive and receptive language evaluation, behavior or social maturity rating scales, and individual educational achievement and/or diagnostic tests. In the Resource Manual for Hearing Impaired which is to be developed by the Program for Exceptional Children and Youth staff, an explanation of the evaluations needed will be included as well as suggestions for particular assessment instruments to be utilized. The Resource Manual will also include a section addressing the individual, intellectual assessment of hearing impaired students, when this type of evaluation may be appropriate, and suggestions of assessment instruments for this purpose. The Administrative Policy Manual also addresses vision and hearing screening. Generally, each

local education agency has developed its program according to the needs of students within its geographical area. Teachers in hearing impaired programs have expressed a desire for more consistency in curriculum among programs. When students transfer between local education agency programs or the Alabama Institute for Deaf and Blind, valuable time is lost while extensive evaluations are done to determine the student's present level of performance. If a curriculum is utilized by all hearing impaired programs, including pre-school programs, better instruction would result. It would also be important to involve the personnel in hearing impaired teacher training programs in meetings about curricula so that graduating students can be familiar with curricula utilized in the state. Furthermore, the Program for Exceptional Children and Youth will continually review hearing impaired programs in local education agencies and recommend procedures for better coordinating existing services. A greater emphasis will be placed on training the special education administrators in program development for the hearing impaired through workshop presentations and the use of the Resource Manual for the Hearing Impaired. There exists an ongoing need for more training for personnel serving the hearing impaired. The Program for Exceptional Children and Youth will sponsor a workshop in July 1986 for all teachers of the hearing impaired in local education agencies to receive training in the use of assessment instruments for evaluating the language of the hearing impaired. Regional workshops will be held by the Program for Exceptional Children and Youth's staff to address changes in the new Administrative Policy Manual during early fall for all special education administrators.

S. EASTERBROOKS:

Since Mrs. Ramsey is not here to answer questions form the panel regarding her presentation, I would like to ask the panel members to write their questions and submit their questions along with the final resolution of their comments. Are there any comments from the audience concerning Education of the Deaf before we continue on? If you have any comments that you care to make concerning issues that you feel are needs, I would like to invite you to use this hand-out. Use the back of the handout and write your comments down. What you feel are gaps in services or needs of deaf Alabamians. I would also like to encourage you to submit written statements after you have some time to go back home and think about this -- to submit it to us by the end of August. It will be compiled into a document, which will be edited and distributed to various agencies within the state. The next issue is Postsecondary Education. And the first presenter is Dr. Jamie Flanagan.

J. FLANAGAN:

In recent years, there has been an increased interest by the hearing impaired population, in general, to seek some type of postsecondary education, some type of higher education. However, for the vast majority of hearing impaired individuals, they do not see postsecondary education as a viable alternative. Efforts to provide special services that the students need in postsecondary institutions have been minimal. In addition, they have been done pretty much on an ad hoc, sporatic basis as far as individually what they will give the student. In addition, although the students are given admission into an institution, that does not necessarily mean that those institutions are accessible. They are given equal opportunities. They are in programs that through the federal legislation, public laws, and 504 rehab act, have been in existence for over a decade. However, we need to look towards,

perhaps, enacting some type of state legislation to insure no one discriminates in accessibility in postsecondary institutions, whether it's universities, colleges, junior colleges or tech;, to insure that these students do get all the services and assistance they need to succeed at the college level and for that institution and all its programs to be accessible. With the influx of hearing impaired students getting out of secondary programs, looking to postsecondary institutions for some type of training -- we need to begin to address the needs of these students and determine whether or not they do have full participation opportunities in post secondary institutions or programs. I will more or less present a global overview of the concerns, and then Mr. Apple will speak and address the individual, immediate concerns of students. To begin with, there is inadequate funding to provide these services. In postsecondary education we need to look towards having our legislatures increase funding through various state agencies. In addition, available state resources, should be allocated on the basis of functional needs of individual students, not necessarily grouping them as hearing impaired--only an interpreter. We need to think in terms of allocating resources for providing services as to the functional needs of the individual, not necessarily grouping them as a whole and saying, Well we determine that the hearing impaired needs this. Also, there are inadequate staff resources in all the institutions and programs. Interpreter training programs must receive greater emphasis to assure that there are quality interpreters available. Increased "networking" and cooperative efforts between all agencies, personnel, advocasy groups, serving the hearing impaired need to be promoted. Another issue that we need to address is that in many of your institutions the fact that a lot of students do not have a high school diploma; they are automatically denied to those institutions. This issue needs to be addressed and looked into, so that that

is not the only criteria; that they look to other factors, and they're not automatically admitted due, to the fact that they have a high school certificate of attendance and not necessarily a high school diploma. Efforts need to be increased. Institutions must be made aware of the fact that accessibility does not necessarily mean physical changes in their program and their institutions. It has to be re-defined of what accessibility means in regard to the hearing impaired individual. We need to be careful about disturbing group identification of programs and services due to the limited population and constraints of money and resources. All postsecondary institutions in programs need to be evaluated and reviewed yearly to determine whether or not those programs, those classes, the institution as a whole, is accessible and not non-discriminatory, against the hearing impaired individual. Also, stronger links need to be formed between businesses and educational institutions through co-op programs, so that when we graduate from some type of postsecondary institution, there are jobs out there.

S. EASTERBROOKS:

Questions from the panel?

L. EASTERLY:

One question I'm sure you cannot not answer. This was just presented from the Department of Education. It speaks of transition from secondary programs to vocational programs, but no where does it mention postsecondary. Does -- Is there a conflict or --

J. FLANAGAN:

That's one of the needs, I believe, Mr. Apple's going to address. That we talked about; that secondary institutions need to work more cooperatively with postsecondary programs so that there is a transition between the secondary schools and institutions of higher education.

L. EASTERLY:

I guess my question, then, should be, not on your paper but the previous paper, is this: the State Department of Education's official position --

J. FLANAGAN:

I hope they're not just limiting the postsecondary opportunities to both tech-schools.

L. EASTERLY:

Well, that seems to be. As a parent of a college age daughter who's college age, this is a concern. I would hate to think that the children were limited to vocational schools -- I merely noted it.

J. FLANAGAN:

It was an oversight, I'm sure.

S.EASTERBROOKS:

Questions from the panel on Postsecondary Education?

J. DAUGHTRY:

I was noticing here, it says that the vast majority of learning impaired individuals do not view higher education as a viable option: I think, we need to look into why they don't view that as a higher--viable option. I think we go back here to getting their curriculum closer to regular education's curriculum. And over here where it mentions hearing impaired applicants with high school certificates of attendance would not automatically be denied entrance to a college. I think, right here we need to address why they have just certificates of attendance. You can't wait until a child gets into 10th, 11th, and 12th grade and all of a sudden think that in two or three years that you're going to bring them up to college level. Which goes back to one of the things I wanted -- to the question I asked before about reading programs in summer school and in our schools. It's my opinion that every deaf child should

be started in kindergarten on a reading program. I know in the public schools systems, right now, some of our mothers and myself are having problems even getting the local LEA's to provide a reading program for our children, who are five, six, seven, and eight years old. Then that goes back to personnel development. We're getting teachers, especially in rural areas, who are ill-prepared to present a reading program. One of the reasons is a lack of experience; another reason is a lot of these teachers come out of our state colleges, and I suppose others to, I just know about this state's. Their signing skills are so minimal, until they go into the classroom with eight and nine-year-old kids who sign better than they do. How in the world are you going to teach a child to read and put him on a reading program and increase his vocabulary and increase his signing skills, if the child signs better than you do?

J. FLANAGAN:

Good point. That's one of the things that I brought up. There needs to be better interaction and cooperation interfacing discussions between secondary programs and postsecondary institutions so that these kids are not graduating from secondary schools and are not prepared to enter postsecondary programs, particularly an institution of higher education, and they have not been prepared for that. The students that are being programmed to do some type of college prep. work, they need to work directly with institutions and personnel and higher education and see what these kids need.

S. EASTERBROOKS:

Comments from the audience on Postsecondary or College -- The needs of College Age Deaf Individuals? Would anyone in the audience would like to make a comment on that issue?

MR. APPLE:

Let me begin by addressing part of what Dr. Flanagan mentioned: the fact that the vast majority of deaf individuals do not view postsecondary education as a viable option. I think she's correct for the most part -- the total population of deaf individuals. There is one study, however, done by Curtstead; I think he collected his data in '84 and reported it in the end of '85. But narrowing the deaf population down to those who have completed their secondary education, he indicates that there is an increase of people who are impaired, who are viewing postsecondary education as a viable option. Again, Dr. Flanagan's, I think was a broad statement. His is a much more narrow statement -- much more narrow portion of that population and a sample at that.

The problem, though, when these students do go to postsecondary education, as Allet reported in '85, of the five thousand -- 18 deaf individuals who started a Back Dalariad (Baccalaureate) program which again is a much narrow population. Of that five thousand, only 5.3 percent of them completed that or met -- got their degrees. That's the problem that a college preparatory program at the Alabama Institute for the Deaf and Blind has addressed. The national trend for non-sensory impaired people are pretty much the same. Edwards and Waters, Tenton and some other folks who have studied dropouts, non-sensory impaired dropouts, have determined two general reasons for this dropout: Why does a person going to school drop out? One simply is the grade point average. I could have told you that. Another one is the social. But the two major things are social integration and academic integration. Those two factors are reasons given for college dropouts, and are the two points we address in the college preparatory program that we run in the summers for six weeks every summer. We look at the program through a simulated program, as Dr. Baud indicated earlier. Through the simulated program, total college experience is controlled by staff members

and what Harris in 1980 referred to as a structured reality. By controlling the structure of a college experience through simulation, predictable positive outcomes are more likely. The program offers a learning reality oriented atmosphere with structure and opportunities for supportive and directional feedback. This effort -- college preparatory program then addresses some of the things I heard you talk about here already: The people, the fact that some of the kids are not prepared to go to school. We are the transition. We are at least an answer to that transition from school to postsecondary education. We have students who are considering postsecondary education and we get them in this college prep. program for six weeks and give them an idea through this simulated program to structured reality, with support as they go. We can answer questions from VR counselors, from parents, and from the students themselves. Am I college material? If you do spend money on me in the way of tuition and so forth will I be worth it? Those kinds of questions are addressed. Being a little more specific -- to give you an idea of the things we see, some of the deficits the students demonstrate during our simulated program -- include things like their goal setting for college. Why am I going to college? Is it just -- Is it nothing more than, I don't know what I'm going to do, so I'll just go somewhere until I decide what I want to do with my life? They don't understand all the role of VR. They don't understand particularly the role of the student, what their responsibility is as a college student. They're least aware of the role of the professor and the interpreter and the difference of their roles. They have weaknesses in how to put together a paper, using references, and using the library in general. Their scope of the world and these sources seem to be so narrow. They have trouble with time management, money management, class attendance, influence by their peers. Their previous academic performance -- We have students who have been honor

students, who have high SAT scores. That is not necessarily a predictor, at least from my experience, of success in this college prep. program. Again, this is simulated college program for only six weeks. We would then like to say that this program -- and trying to address these particular problems has been successful. And at least we have answered some of these questions of whether I am a student or whether I should continue on or not.

S. EASTERBROOKS:

Questions from the panel?

D. RHOTEN:

I have a question. My definition of postsecondary education is any learning that occurs after a student leaves high school; but that could be from the time he's 18 or 19 until the time he dies. It is a lifelong learning process. What opportunities are available for a person who is graduated from college and wants to take a course such as finance planning for retirement? Or he wants to take a computer science course, something like that. He doesn't want to enroll in a two year AA degree program. He doesn't want a degree or anything; he just wants to take a course for his own enjoyment. What opportunities are available here in Alabama for that?

MR. APPLE:

You mean a graduate from high school or a graduate from college? Or it may not make any difference. It doesn't make any difference? Well, I think -- I can't answer that specifically, but my guess would be that it is accessible only through the services provided by the local community college or the local university that may -- that that individual may live near. That would primarily be through an interpreter. Now, I can't answer just how many--how often.

S.EASTERBROOKS:

Any other questions from the panel?

L. EASTERLY:

Just one on the same thing. Do you know of any?

MR. APPLE:

Well, of course Jacksonville State has -- The university has a program in place that helps hearing impaired students matriculate and enter school -- get through their course, work that kind of thing. But what he's talking about, courses for enrichment--courses not necessarily degree oriented--continuing education kinds of things, as far as I know, are available only through the services that community colleges or a university has and that's primarily through an interpreter, if that's answering your question.

L. EASTERLY:

In other words, you don't know of any specific --

MR. APPLE:

No. No specifically designed program that I'm aware of.

S. EASTERBROOKS:

Comments from the audience?

AUDIENCE:

How do you teach the social intergradation preparatory class?

MR. APPLE:

Our primary purpose of this college preparatory program is not necessarily academic remediation. It is to primarily give them an idea of what college is going to be like. Therefore, this social integration is very foreign. They live on a college campus, they rub shoulders with other college students, they go through a mock registration, they go through -- We try to make it as confusing as we can through the program. We try to make it as real as we

possibly can. They live in a dormitory, those kinds of things that we have found that students would have gone through. This program have for the most part been more successful, I think, than their non-attending peer has been in a postsecondary effort. Our most successful group seems to be high school juniors. After having gone through this program, they reported to me, they realize that -- they take their senior year much more seriously because they our major thing is social integration. If I had to priortize, the two don't pretend to be able to remediate 12 years of learning. But they've got to be able to handle their aray of freedoms and responsibilities that they're going to run into. They go to -- We want to help them minimize the surprises that they're going to run into. A hearing person is going to have some other avenues of help when they go to school to figure out who's the counselor and who's the dean and department head. These students need an experience that gives them that problem beforehand so that when they meet it for real, later, they'll be able to handle it.

AUDIENCE:

One last question. Well, it's not really a question. Several things about postsecondary education have rattled my brain a little bit. Number one, how many times do they change their minds as to what they want to do before they finally get through postsecondary education? Looking back on how many times I changed my major, that bothers me. Deaf kids, coming out of high school go right into college and have to know exactly what they want to do if VR is going to pay for it. And they're going to find a job and live happily for the rest of their lives without changing their mind forty dozen times like hearing kids do. Secondly, I get disturbed when I see -- We really put a lot of expectations on deaf kids. We expect them to take a full load for VR to support them. That's in the Policies and Procedures Manual. I'd like to see

that changed because they, deaf kids, have a hard time in postsecondary education. And for VR to support them, they have to take a full load, and that's not fair. That's discrimination. And they must do it in eight quarters. That's a pain. That's not fair. Knowing that they have to struggle through the textbooks and struggle through notetakers and then have to require that they take a full load; I think that's unfair. I'd like to see that changed. I have one more gripe. Wait a minute. I forgot it. But I know this is a new area, and I would really like to see something come of this investigative work with VR with postsecondary education and institutions have a better understanding of what we expect and what we require, of deaf kids, and what they're capable of doing. Thank you.

L. EASTERLY:

Following your question. Who makes the rules? Who makes the rules?

MR. APPLE:

I don't know.

L. EASTERLY:

Who says that they have to take -- do it in eight semesters and take 12 hours -- full load or 15 -- who makes the rules? Can anybody answer that here?

MR. APPLE:

As far as who makes the rules in college, regardless of whether VR is there or not, it's the professor or the college requirements and all this kind of thing. And our program here, we hire professors who have little or no expertise or knowledge or background of hearing impaired people and we tell them you do -- you run your course like you would any other course. And our students have a lot of problems because they're competing with non-sensory impaired people. We would like to change those rules, but your going to have to go to each professor and each school. Now, that's different than VR's

rules. I'm talking about the calssroom rules. Our students fall on their faces a lot because they can't handle the interpreter; they can't handle the notetaker, but, nonetheless, that's the rules in that classroom. If you're in Sociology 202, you can't change those rules.

S. EASTERBROOKS:

I'm sorry, out time on this issue is complete, but if you have another comment that you would like to make, please, as I said before, write it on the back of this sheet that was handed out to you. Your comment, your concern will be typed up and placed into a final document. The next issue is Interpreting Services, and Robin Price is going to speak first.

R. PRICE:

First of all, I'd like to say that I've come from another area of the country and so I've had an opportunity to compare some of the deaf services in other areas of the country. And I'd like to commend Alabama because I think there's a special concern for deaf consumers, and I've seen it all across the board. I'm very impressed with the training that vocational rehabilitation counselors -- that I've seen them be involved -- and their involvement socially and on the areas in the community, and I'd like to commend Alabama for that. Right now, I'll give you just a brief summary of what's going on as far as interpreting in Alabama. The interpreters are used right now with vocational rehabilitation service, either in appointments they have for deaf consumers or college. Education system, community centers, individual deaf people who use interpreters for classes, or whatever I need, like to participate in religious areas; that's mainly how interpreters are used in Alabama or any where else. Educational interpreters are the largest number in Alabama as far as interpreters. Probably, secondly, depending on how many college students would be vocational rehabilitation use of interpreters. Community centers, I

think, will increase as there are more Kellogg Centers in the state; and the Mobile Center for the Deaf uses interpreters, so that may become a large area. What the Alabama Register for Interpreters for the Deaf has been doing in the last, maybe the last couple of years, two or three years, is first of all, trying to increase awareness of interpreters of the need of interpreters the skill level. We also have four screening teams and are working hard on developing new screening materials and screening interpreters so that the people who use interpreters can look to qualified interpreters. That's one thing that we're always saying, Please don't use non-qualified interpreters because you have no protection for yourself, first of all. If you can't sign, you don't know if that interpreter is good, or not and so we're working in RID to try to improve that. Each year we sponsor one or more workshops around the state, giving people an opportunity. We're really for that, as has been said earlier, in that years ago people would have to go from Alabama to Atlanta or Tennessee or Washington D.C. for special training. And we're trying to offer training opportunities within the state as much as we can, so people can upgrade their training. RID is currently working on trying to have some input into a new interpreter law as far as legal systems, and that has not been proposed to legislature, but we hope that will come up. And when it does, we solicit your help and support for this so that we can change this outdated law. We also, in the last couple of years, have come up with a new recommended scale. Now, some of the concerns we have is that, number one interpreters often are the key to the success when a deaf consumer is placed in a certain program. The deaf child in school or the college student and often the interpreter is -- that's the person who's the key. But sometimes, because of all the rules around surrounding that, that can be the week spot. For example, out in the country, if you don't have any availability of qualified

interpreters, sometimes you have to hire somebody who has not been screened, something like that. Now, the big problem that we hear from interpreters -- well, several problems, but they all revolve around employment. We can not attract really qualified people if we do not have good paying secure jobs to offer them. Why should somebody study two years in college or four years in college to come out of the school and then be offered a salary of $7,000 a year? And we call them aides or a helper in a classroom. Currently, this is what happens some around the state. The pay scale around the state for educational interpreter training is from $7,000 a year--and the person is being called an aide not a professional title--up to a little over $15,800 in the south area of the state. Now, we have some recommendations about that, and we would like to talk to anybody who will listen and to everybody who will listen about changing that. We're, very fortunately, in a state that we have some very, very, dedicated interpreters who are very skilled, but they are not being -- People like this are not being attracted into the field because of the lack of the paying jobs available, when they can work in another field and get twice as much pay. One of the other problems is a job title. I've kind of broken it down into educational recommendations. One would be a job title that shows a professional status as a trained professional. Secondly, a minimum pay scale that would be required for all educational interpreters in the state. These are some of the recommendations. As far as for other agencies, we would like to ask you to use the recommended pay scale that ALRID has recently passed. VR has their own pay scale and we appreciate that. It's about midway between other states in the southeast region. We would like to ask that they take another look and come a little more in line with the recommended pay scale. And we would like to ask that any of the other agencies, Mental Health and other agencies in the state, when you're setting up pay for interpreters, to

look to the Alabama register of interpreters for the deaf pay -- recommended pay scale.

S. EASTERBROOKS:

Questions from the panel?

J. DAUGHTRY:

I have a son in junior college, and I've been having a real problem with him about his interpreter. Interpretive services is the only resource that he has in hearing college. So the interpreter that he has needs to be real good, and he's been fortunate in having a real good interpreter. Where my trouble comes, is that his interpreter is only paid for the hours she spends interpreting, and she has to come from Mobile to Monroeville to interpret, which is 85 miles one way. Since college schedules are not set up so that you can start at 8:00 in the morning and finish at 12:00. And one class does not follow one right behind the other. There may be a couple of hours--or may be even three hours during an eight to nine hour period counting travel time--that this interpreter is not being paid anything. As a result, this little interpreter wasn't getting enough money to make it worth her while to interpret for Ashley. She made a commitment to Ashley for two quarters, and the second quarter she had to take babysitting jobs, tutoring jobs, she cut grass, anything she could do to get money to come and interpret for Ashley. She'd committed to do that second quarter. That's not right. These interpreters ought to have some kind of base pay rate if -- it will make it worth their while to interpret for these smart, bright, deaf college kids so that they can get an education. And the interpreter can make a living or a wage that they can live with.

R. PRICE:

That's just what we want. That's just what we're asking. And in the

educational system, I think, it may be a little easier if we work together for this. When you're talking about hiring a freelance interpreter at the college setting, your talking about an hourly fee that they're paid for contractual service, but I doubt there could be considerations such as quarterly contracts, guaranteed amount of hours, and if the student did quit in the middle of the quarter, then they could go to work for the VR for the just -- to use those same hours if that happened. That is a problem because there's no security if an interpreter's interpreting on a college, level their job can end in one day. It's difficult for them to commit to college because people need to eat and pay their house payments.

J. DAUGHTRY:

This interpreter was a VR interpreter.

S. EASTERBROOKS:

I'd like to suspend questions from the audience right at this point and ask Patty Sheets to come up an give her presentation, and see if we can step the time up just a little bit.

P. SHEETS:

I'm going to address the area of interpreter training, starting first with a little bit of background. Interpreter training in Alabama has, indeed, "come a long way baby" if I may borrow from the cigarette commercial. Prior to 1975, interpreter training in the state consisted of the following: You were the child of deaf parents and your training began from the crib; You had a deaf friend who taught you sign language and then you sort of helped communicate out in the community for him or her, sort of an OJT, if you will; You learned the ten basic sign language lessons at the local Baptist Church; And fourth, you joined the Alabama RID. Any time a fledgling interpreter asked the question, Where can I learn more about interpreting? The same answer was given: You

just need more association with the deaf. In truth, that's how most of us received our best training--actual involvement and experience with deaf persons who shared the intricacies of ASL. So the deaf persons themselves were interpreter trainers. Additionally, many of the interpreters who were the children of deaf parents became mentors to us, explaining the deaf community, culture, and techniques of interpreting. Alabama RID was also the catalyst for interpreter training, as this organization sponsored annual workshops. And through ALRID, we were able to be exposed to some of the best trainers: Dennis Cokely, Lottie Reikehoff, and others. And also ALRID served as the linkeage to training in out-of-state. As Robin said, we traveled anywhere to receive whatever training we could. We were not on travel or per diem and certainly there was no compensation for our services, at that time, once we were trained. What really motivated us? Bruch in 1978 stated that sign language interpreting devoloped from achieving their full potential as citizens due to communication barriers facing deaf people. Generally, this was the motivation in Alabama. In 1975, the National Interpreter Training Consortium was formed. For the first time a curriculum for training interpreters was available, and a interpreters were selected from each state to go to Gallaudet to be trained as trainers or interpreters. In 1980, the Southeastern Regional Interpreter Training Consortium was formed. For the first time a curriculum for training interpreters was available, and interpreters were selected from each state to go to Gallaudet to be trained as trainers for interpreters. In 1980, the Southeastern Regional Interpreter Training Consortium was established under a federal grant. The University of Tennessee was awarded the grand funding for RSA Region IV. Rather than locate all training at the regional level at UT, they decided to identify one university in each state within the region where interpreter training could be provided. In Alabama, the University of Alabama

at Birmingham is the affiliate institution. Since 1980, a total of 45 interpreters have been added to the state pool of interpreters as a result of this training. This means they have completed training offered or sponsored by the affiliate institution and passed the state Quality Assurance Screening which ALRID conducts, or have passed the national evaluation. Of the 45, 14 are working as interpreters, 15 are employed in a related field, 10 in non-related field. Alabama needs to do an analysis of the job market to predict the number of interpreters. A respectable fee schedule should be adopted. Interpreter training programs need to be accredited. Research projects need to be funded to meet the research that I have in the paper that I won't have the time to read. Alabama should investigate the pros and cons of a licensure for sign language interpreters.

S. EASTERBROOKS:

Questions from the panel?

(NO RESPONSE.)

S. EASTERBROOKS:

Questions from the Audience?

AUDIENCE:

(NO RESPONSE.)

P. SHEETS:

At the federal level funding for interpreter training programs have been cut every year.

This year there was barely enough money to keep it open. In fact, if U.A.B. had taken an administrative cost cut that most Universities do, we wouldn't have had enough money to operate the program. It is a sad shame and may be we do need to do something from the state level, but, I think, it goes with what was said. There are interpreters out there; that's what is so sickening. They

are being swept away, if they are any good, by other professions because they didn't earn a living. So, therefore, they are not available. And we know to be a good interpreter, you have to have a pretty good level of intelligence and good verbal skills. If you've got that, then you're marketable for other professions. What's left are those marginal kind of people that may not even be good interpreters, but we're having to settle for less than the best.

J. DAUGHTRY:

I would like to know why our colleges can not accept -- why we can't make them aware that under access to the program, they can accept the responsibility of providing some of these funds for interpreters for deaf students. If you go through VR and VR's funds are cut, everybody's funds are cut. Why can't there be a cooperative effort of funding for the interpreters? Who says VR has to pay it all?

P. SHEETS:

I think the universities have copped out on this because I think the way the registrations read, you know, usually vocational rebabilitation was the first line of the interpreter profession provision. So they have just totally disassumed their responsibility in this, but you're exactly right. Somebody -- and it can't be -- it should be professionals. But the deaf people themselves need to scream bloody murder about this. Believe me. They will listen a lot more to a deaf consumer than they would to some other professional.
Of course, it would help if we would unite in this effort and encourage that. But you're right.

J. DAUGHTRY:

They listen real well to 504 complaints.

P. SHEETS:

They don't see that that is the same law that put wheelchair ramps in.

Then, of course, they want to charge the deaf student for the interpreter. We ask them, Well, are you charging for use of the ramps?

S. EASTERBROOKS:

The next issue on the adgenda is Public Awareness and Jamie Ison is going to speak on that.

J. ISON:

I'm Jamie Ison. I'm director of Mobile Pre-schools for the sensory impaired, which is the United Way agency in Mobile. Because of low incidence of deaf, many people are unaware of some significant problems of the handicapped, and are especially unaware of various services available to hearing impaired children and adults. Therefore, public awareness is vital in the education of individuals and the entire community regarding hearing impairment -- agencies serving hearing impaired. Most importantly with an organized public awareness program, agencies, schools, and organizations serving the deaf, can reach even higher goals. Some of the ways that you may consider to reach these goals would be to organize a board of directors, an advisory counsel, or an auxiliary board. As a United Way agency, governed by a board of directors -- And this board is probably one of the most effective means that we have of opening our agency up into the entire community. There are--is a very careful selection process for members on our board. We include representatives from various parts of the county. We have attorneys to help us with legal issues. We have accountants to assist us with our financial operating and our budget planning. We have deaf individuals. We have parents of deaf children. We have professionals in related fields in audiology, professionals associated with agencies that we work closely with. The University of South Alabama, Crippled Children services. We have community leaders--people who have no background in the field whatsoever, but that do have background in leadership--that can assist

us with developing goals and future plans for our program. Advertising specialists. Someone in the advertising field can be very helpful to your agency. In developing a community program or developing brochures, pamplets, developing plan -- a yearly plan for your public awareness. We have bankers, financial consultants to assist us in financial planning. I would also mention that it would probably -- this is something that's not in the paper. Find someone in your community, if you can, who does come from a good financial background that has some money, perhaps. That always helps in the area of fund raising. Individuals who are sincerely interested in your agency can provide a lot of support to your agency and can assist you in meeting many other people in the community. Some agencies that do not have a board of directors, that is a governing board, can develop an advisory board or an auxiliary board, but in order for the board to have a goal, an objective, they must have some of these suggestions. They must have a good orientation. They must have a clear understanding of the agency's purpose, the population it serves, its future goals and objectives. Problem areas that agencies encounter--organization within the board. Officers and committee chairmen can help with organization of the board. Meetings should be held at least on a quarterly basis. An effective board has truly been one of the best methods for us in public relations. Volunteers are an important part of our agency. We have volunteers that have assisted us as classroom aides. We have a volunteer agency in our community that helps us with recruiting volunteers in other areas. You may have to recruit your own volunteers through clubs, church groups, parent organizations. Many of you have need for additional funding. We do too. As I said, we are a United Way agency. We do not get all of the dollars we need, so part of our task is to go out and locate additional dollars. We've been able to do that through presentations to clubs and organizations. As a matter

of fact, we have a $10,000 grant, per year, for ten years from one of our local -- from the local Kiwanis Club. Through an outside special event--our board of directors--we have an art auction that is sponsored annually. The past two or three years and the first years of the auction we made approximately $8,000. Through one year of planning, this year we made over $30,000. This can provide an additional position for our program. And another resource for outside funding would be fund agencies. There are over 200 fund agencies in Alabama. There's a directory that you can purchase to tell you what kinds of programs they fund, and that would be included, I believe, in the paper.

S. EASTERBROOKS:

Questions on the Need for Public Awareness, from the panel?

D. Rhoten:

Is there a day -- a deaf awareness month in the state--statewide?

J. ISON:

There's a speech and hearing month, and within the speech and hearing month there is. That is in the area of deafness. And then there's been a deaf awareness week, deaf awareness day, sponsored in our community through several organizations. Statewide, I'm not -- I don't know if there's a deaf awareness week.

S. EASTERBROOKS:

Any other questions form the panel?

J. DAUGHTRY:

Under Public Awareness, I talked to a friend of mine who's on the police force in our county. I recently -- he told me about a training session that they had where a person -- a simulated training session -- where a person was walking across the highway at the scene of an accident. And they thought that

the person walking across the street might possibly be armed because he reached in his back pocket to pull -- what he was doing was pulling a wallet out with this card in it saying, "I'm deaf." He was going to ask for directions. And they ask, What would you do under the circumstances? And some of the police officers shot and killed the deaf person. What I'm wondering is why can't we come up with an up-front, universal sign that tells the police officials, anybody, that: "I'm deaf; what I'm wanting is information." And not have to rely on sticking your hand in your coat pocket or in your back pocket, or whatever, to bring out a card that says so. And then provide some public awareness into what that deaf sign is.

S. EASTERBROOKS:

Comments or questions from the audience on The Need to Increase Public Awareness?

AUDIENCE:

Some of the deaf in Birmingham have a card that says -- it has a picture that shows that they are deaf. But, on the other hand, when someone suggests a sign on the back of your car, the deaf say, Well, somebody might see that you're deaf. They might take advantage of them, of the deaf person, if we advertise that he is deaf. So we have to think of something else. If you've got any better ideas, we'll listen.

J. ISON:

What I was referring to was a sign that a deaf person could give manually in sign language. And then make the public --

AUDIENCE::

But then the police -- why don't the police just learn to use sign language?

J. DAUGHTRY:

Because they aren't all going to use sign language. But hopefully, our policemen are smart enough to learn one sign.

S. EASTERBROOKS:

Another comment from the audience?

L. EASTERLY:

A lot of people point to their ears and mouth. It's about the only way deaf people -- but a lot of them tell me they do this (demonstrating).

J. ISON:

Yes. The deaf use, commonly use what you are saying. Just point to their mouth and shake their head no.

J. DAUGHTRY:

Which all deaf people know and very few hearing people know.

AUDIENCE:

Everybody has learned the danger sign for choking. We've all learned that one, so we can surely learn one more sign.

S. EASTERBROOKS:

Any other comments from the audience on The Need to Increase Public Awareness? David Richardson is our next speaker.

D. RICHARDSON:

Since I'm a missionary for the deaf in Alabama, there's the temptation for me to preach, but maybe I better stick to the program. The hearing public needs to be aware of the needs and concerns of deaf people. We were just talking about every local police department's need to have some knowledge of deafness and the rights of people involved in traffic violations and so forth. The police department needs to have a TTY in emergency situations. A lot of deaf people have, or maybe need to get, TTY's so that they can communicate with

the police. And there needs to be an awareness on both of their parts. There needs to be a meeting with the police academy, which is being done in a lot of cities, where they will teach those people. In every town that has a police department, there needs to be some awareness of deaf people. They need to know about interpreters that are available. And the thing about qualified interpreters is sometimes there may not be qualified people, interpreters, available, but at least have a list of people who would be willing to go to the police department and interpret for a deaf person in need. Fire departments need emergency alarms that flash in every area of a place where deaf people work. A deaf person goes to the restroom to powder her nose, and maybe the building catches on fire. They walk out of the restroom and say, Where did the building go? Well, it surely wouldn't happen like that. The whole thing would burn down with the deaf person in some area where they wouldn't know there was a fire. There needs to be something in every area of the business place where the deaf person is working to let them be aware that there is a fire. A lot of public service companies and utilities do have TTY, but there's still a lot of them that do not. Maybe through local organizations like AAD, we can encourage utilities to have TTY's for the deaf customers. Employment services, where deaf people sometimes will just pop up and go into an employment service to look for a job, and the people there don't know sign language. So many of the employment services, in fat all of them, should have knowledge of sign language or someone to communicate or call on that could someone that could help them in a time of need. The public needs to know about sign languages that are used today, like American Sign Language, Exact English, or Cude Speech--all the different forms that deaf people use in communicating or teaching. And it would help people to understand--have a background of all of these languages. I know of some people who learn one, maybe, like the See language, and they'll

get with people who use American signing language. So there needs to be some way for everybody who is learning to understand the different languages and to use the languages that the deaf people use. Some people use--see ASL deaf people, and there are a lot of problems involved in understanding. There needs to be knowledge of deaf peddlers. I think most of us know that there are a lot of deaf people who receive money from cards or things they sell. And a lot of deaf people have told me that they really don't appreciate someone acting like they can't go to work. Most of them could go to work for the rehabilitation or other services, and I think the public needs to know that the people who are peddlers can go to work just like anybody else. And most all of us know deaf people who are self-supporting. They have a job and a car and two or three children and a house. They don't have to go out and beg. They've learned how to work and make money. There have been hearing people who have been caught acting like they're deaf. You can't see deafness; and it might be a person who can hear. So we need to help people know about this and what to do. Now, when I tell them in church, I say well, you can take out your Bible and hold it in your hand. They'll usually stay until you give them some money or give the card back. So I tell them to show them John 3:16. And they can read that, and usually they stand there and read it. Point to that verse and point up and point to them and they'll get the idea that God loves them, Jesus died for them, and that your concerned about them. So I think it's better than giving something, whether it be other than money, encouragement or spiritual help or whatever. Now, thinking about hearing churches, I work with a lot of churches and travel all over the state working with Southern Baptist churches in helping to--in any way I can with the deaf. Maybe preaching to the deaf and interpreting hearing church, whatever it might be. Hearing churches, I think, need to permit qualified deaf people to serve in places of leadership. There

are a lot of things that deaf people can do in a hearing church. They can become a deacon of a Baptist church or the Methodist church, and they can become an elder in a Presbeterian church, I believe, if I got that correctly. But, anyway, there are a lot of places in leadership. They can pass the offering plate. They can shake the hands of people like an usher. So they need to recognize this. There might be a need for church leaders to recognize that there ought to be a church of the deaf. Maybe there are enough deaf people, and there might even be a deaf preacher, that could be called to minister to the deaf people and have their own church and have their own program. And I found that many deaf people like this church. We need to plan religious meetings for deaf youths and adults, Bible study and fellowship, and week long meetings to intergrading the deaf into existing. Have meetings, religious and other types of meetings, with qualified interpreters.

S. EASTERBROOKS:

Questions from the panel regarding Public Awareness? Comments from the audience on the Need to Increase Public Awareness?

J. DAUGHTRY:

Church campuses for the deaf. I'm interested in that and I'm interested particularly because I'm from a rural area. Sometimes deaf citizens in a rural area don't hold a decent conversation from one camp conference to the next camp conference because they don't run into anybody that signs that well. And I think that our churches--not only the Baptist,but all of them--ought to get together and have an annual camp for the deaf and fund it with a special collection of whatever, however they want to do it, so that almost any deaf person who wants to come, can come. Especially in rural areas, they are so isolated and so hungry for a decent conversation. Also, at these camps for the

deaf, I know if its church oriented there's going to be a lot of seminars and maybe the workshops, the camp, and whatever are setup so that there is a lot of religious training, which is, of course, wonderful because some of them never get any from year to year. They live in rural areas where there isn't a church available that can give them religious training. But I don't think that the camps for the deaf in the religious setting should be so scheduled that these people don't have a lot of free time for socialization because, like I said, in rural areas, particularly, some of these people socialize once a year--at that annual camp . That's the only opportunity they have.

D. RICHARDSON:

That can be worked into the program, certainly.

S. EASTERBROOKS:

Thank you, time is up.

EXPLANATION

Panel members were released after the first session to write up their reports and the new panel took the podium. New members were introduced, and the previous format on statement, questioning by panel, and questioning by audience ensured.

The topics discussed during the second session were:

Accessibility of Services

Networking/Alliances/Service Centers

Needs of Parents

Legal Issues

INVESTIGATIVE ISSUES FORUM

Friday, July 25, 1986

Second Investigative Panel: Smith, Arthur, Duran, and Reidelberger

David J. Rustay

Accessibility of Services

Accessibility of services more specifically related to mental health services and medical services in Southeast Alabama area. Looking first at the mental health services of the mental retardation services for the manually communicating hearing impaired people seems to be very similar to many of the things; that is, hearing impaired people cannot contact mental health system by using telephones. There are no TTY's available in the mental health system in Southeast Alabama. Should a person be fortunate enough to get an appointment made by some other friend of theirs, it seems they get into the mental health center and no one is really able to communicate with them or understand their needs as a hearing impaired person with some type of mental health problems. In addition in many parts of the country they have services of an interpreter and in Southeast Alabama, until Monday of this week, there was no certified interpreter available. As of today there is one that is certified. Fortunate enough she happens to work with me, and I happen to be fortunate enough to work for what I believe is the best agency in this state at the Alabama Institute of the Deaf and Blind. The Alabama Institute for the Deaf and Blind right now is trying to clear up a lot of the inadequacies that exist in the mental health setting. That is, we would like to see either a list of interpreters more often in mental health of so installation of TTY mental health center. Or so possibly training one of the current

personnel about the implications involved with the hearing impaired or to hire an individual who is already trained in mental and hearing impairment and who is able to communicate also.

Health services, you are looking at something that appears to be in great defiance of the laws of our country. I am speaking, more or less, of Section 504 of Rehabilitation Act. It states that any facility that receives federal funding no matter how it is connected, if it is directly or indirectly connected, it still has to be accessible for all people in the community and hospitals, doctor's offices, health clinics. In Southeast Alabama, there are no interpreters. Again no TTY's.

I would like to stop and think a minute about the fact that many of these services do exist in the mental health or health services, and we are speaking about deaf people. Let's drop the word deaf for a second and talk about people. Suppose you, a hearing person, suppose you were walking to the hospital and you had a terrible pain here (indicating) and you can hardly stand up, and you ask the doctor, what's wrong I can't understand it, and he starts speaking Arabic to you. You can start complaining but you are going to try and look for someone who can speak your language. That is very similar for us deaf people working in hospitals. We want some mental health counseling. What am I supposed to do when they are speaking Chinese to me? I don't understand Chinese, I'm sorry. It seems like there has to be a huge effort to make simple changes in the area. So we would like to see TTY's; we would like to see interpreters. We would like to see staff being trained about deafness. We would like to have mental health services and hospitals and health service providers and staff

in clinics become more involved with the Alabama Institute for the Deaf and Blind, more specifically our new catalog center in the Dothan area for consultation and interpreting services and also we would like to consult with them to assure that equal accessibility is being provided in the mental health programs and hospitals and other health service facilities.

QUESTIONS FROM THE PANEL:

Maxine Smith: What is mental health doing, do you know, in counseling with hearing impaired individuals who do not want an interpreter, and how does that affect the rights? Do you know if mental health is addressing that issue, because I found it not to be a problem. Also all deaf people do not want to have an interpreter, they want counseling themselves from the counselor. How is mental health doing anything about that?

Susan Easterbrooks: Do you mean counselors with interpreting skills themselves rather than having a third person there?

Maxine Smith: Right. Counseling is very difficult, I know, but as far as they don't want an interpreter, they would have to write back and forth if the counselor didn't have the skills. Do you know if mental health is addressing that issue?

Speaker: I am sure if they don't even have interpreters available they don't have anyone on the staff that can communicate effectively, such as you, Miss Smith. Explain that more to you in accessibility talking about laws. Accessibility means law, helping with that, talking about accessibility, talking about the laws and court says that, for example, interpreters. If interpreters are available, the deaf person likes it or not, the court says that is man's

accessibility. They must put up with that. That interpreter makes that accessibility.

Maxine Smith: You also said that you would like--that you would like to see mental health purchase TTY's, and I know that mental health has a certain amount of funds for interpreters and I was just wondering if any of that money can purchase some of the things that you mentioned, that there would be possibilities to meet the needs that are described so I am for some of that funding for a person in communication.

Speaker: It would be nice if they could, of course, but money that is allocated for one service is not always available to another service. I remember that from working in the rehabilitation when some firms were set up to buy one kind of services. You couldn't use the funds for another service, maybe meaning that problem also. But again I don't work for mental health but some of them may answer that better than me.

Susan Easterbrooks: You had a question, Mr. Arthur?

James Arthur: I have a question. Is mental health aware of the laws that require them to have TTY's and interpreters for the deaf? Are they aware of that?

Speaker: Would you like me to answer that question? As far as I know, as I am aware of the law that I already am, like I said, I am not a lawyer. I'm not a judge but it's my understanding that yes they are required by law to be accessible for hearing impaired, but now who can define the word accessible. What does the word accessible mean? The court has been very, very vague in defining that word.

James Arthur: Asking you do they know of that. Does mental health--is mental health aware of that? Maybe they don't know. Maybe

we need to inform them.

Speaker: They do seem to know it from all the contacts I've had with them, but what I hear most of the time is that they have no money. No money. They realize that they should have those services but they have no money. It doesn't seem like a good excuse to me but that's what they keep telling me to purchase, TTY. They have no money to hire additional staff to work with deaf people. It seems to always be the same, no money. But it also seems to me like they forget once again that maybe you and I are taxpayers in this country, and we do have the same equal rights as any other taxpayer in this country, and that we should be receiving equal services with equal accessibility. Although once again the court has already decided that congress did not say equal services. They only said accessible services. So it gets very, very sticky when you talk about many legal words and terms.

Hank Reidelberger: What about the attitude from the mental health service providers in your area? How do you feel that the attitude is there? Is it positive or a less than positive attitude for you to solve your problems with mental health services?

Speaker: That depends on which attitude your talking about. The service providers or the administrators?

Hank Reidelberger: Both, because attitude problems are deep problems. Whether it happens down here or whether it happens up there. The administrative or service provided.

Speaker: I see. It must carry service providers that they would live to see many more services available in the Southeast area to assist the hearing impaired people. They would love to have interpreters that feel they should have TTY's also, but it always seems to have the

same kind of way the same kind of response. Where do I go to get it? Who will help me to make sure? They give me the supervisor. Well, I'll give you the name of my supervisor and I'll give you another name, and another name, and another name, and another name, and another name, and another name, and another name, and no one seems to really want to take the initiative to start making sure that all of the offices are following certain procedures and providing certain services. To me it seems to be more or less administrative decisions but the real caring service providers do seem to be able to provide services for all people in the community including hearing impaired individuals.

Susan Easterbrooks: Questions from the audience?

QUESTIONS FROM THE AUDIENCE:

Audience: I'd like to make a comment. It seems like you know that the deaf community is being dropped in terms of these mental health services. As an agency, is it not allowed to pay for ongoing health services? The only thing we can do is help those people get their program set up and cooperate with the Mental Health Department. When you run into a situation where the people aren't qualified, you go to the Mental Health Department to provide these services. About the only thing they will do is charge an individual on the sliding V scale which will allow them to receive the services at a reduced cost. However, if you get a person who is already destitute with no money even a small charge is too much for them to pay so that becomes a burden on them and many of them will not even continue on that arrangement. So it seems like that VR is not able to provide the money of ongoing services. It behooves the Mental Health Department

to provide the health services to that population.

Susan Easterbrooks: Thank you.

Speaker: If I can make one last comment, quickly? I just remember certain situations that occurred a few months ago with the supervisor from mental health in Southeast Alabama, and when I tried to explain Section 504 and the rights to hearing impaired people for receiving interpreted services, their supervisors didn't know what Section 504 of the Rehabilitation Act meant and what application that mental health services were required to make to accommodate the hearing impaired services.

Susan Easterbrooks: Sorry. Time is up. Our next issue on the agenda is Networking/Alliances/Service Centers, and your presenter is Mr. Earl Lindsey.

Earl Lindsey

Networking/Alliances/Service Centers

Since Mr. Dan Miller called me and asked me to do a brief on service centers and I said yes, and I noticed in the program that it had networking and alliance and service centers all as one item. I found it difficult to handle those as one item so my presentation will relate to service centers, not alliances and networking. I might say, however, that the programs do use a lot of the alliances and networking and carrying out without their programs, but I won't deal with that. In dealing with service centers, Alabama does not have "pure" service centers; rather, it has independent living programs, rehabilitation programs, and educational programs which provide some services to the deaf community. The Independent Living Center (ILC), funded through Title VII of the Rehabilitation Act is the program nearest to a Deaf Service Center in Alabama. The difference is one of degree, scope of services, and terminology. For the purpose of this brief, a Deaf Service Center is defined as a "center offering comprehensive services including interpreting, information and referral, telephone message relay, and advocacy and community awareness." Services are provided at no cost to the deaf client. Preferably such centers would also include recreation, adult education, social services, and other services not provided through existing programs.

Existing programs attempt, with limited funding, staff, and missions, to provide these services. Partial services can prevent or defeat efforts to establish more comprehensive programs. Secondly, such efforts, if not done well, can lead to complaints from the deaf

community to the detriment of the program attempting to extend service beyond its basic mission. We have many unmet needs and, for the sake of the five minutes, I am going to have to more or less list them. I am not discussing too much in detail, but we have educational programs and rehabilitation programs which generally address only the developmental, educational, and vocational needs of deaf and hard of hearing individuals. Unmet needs are many, and I am going to list these briefly in the order of priority as I see them. And this is my document; it is no research; it is simply out of my head:

A. Support Services: Once the educational and habilitative stage of development is completed, the need for varying degrees of support services continues. This will range from message relay or occasional interpreter services to finanacial management, legal guardianship, housing assistance, and counseling services.

B. Interpreting: I will list interpreting separately as a support service because it is so crucial. Again, the need has a broad range.

C. Housing: We need an array of housing options for deaf and hearing-impaired individuals with varying range of supervision.

D. Advocacy: We need advocacy. We need someone simply to interface with the hearing community and with the deaf, time on one scale, and, on the other end, more significant advocacy. I will put it that way.

E. Mental Health Services: We need Mental Health Services. David has already mentioned that. Generally, there is a need for the development of prevention and intervention programs for the mental/emotional problems in Alabama. This is not an indictment of

the Mental Health Program or several of the conscientious advocates within the Department of Mental Health in Alabama. I think it is more of a reflection of the state-of-the-art in the nation. A more intensive national thrust is needed to establish the environment for the development of expertise and funding.

F. Sheltered Employment: We need sheltered employment, again with an array of options, including supported work and projects with industry.

G. Recreation: Today isolation of the deaf community is the barrier to accessing community activities. Special recreation services are needed, especially at the local level.

H. Services to the Elderly: This has special meaning when one is referring to the elderly deaf person. Existing isolation is enhanced. Existing barriers become more difficult to bridge.

The above list is not inclusive of all the needs or maybe necessarily the most important. But, it is an array of services in community service centers, probably the one administrative makeup that can meet more of these services than any other program. The greatest barrier will be the lack of commitment by society. This lack of commitment exhibits itself in a lack of legislation and funding appropriations. Without such legislation and funding, the deaf community and those who serve the deaf community flounder when attempting to identify responsibility and provide leadership.

I can't say all I intended to say. Let me see if I can pick out a few points. It is my impression that first, granted all programs presently providing services could be more effective. Educational and rehabilitative programs must continue their efforts to improve.

However, Deaf Service Centers generally serve needs not addressed by existing programs.

Programs now providing community services could be seeds for Deaf Service Centers particularly the ILC and the Kellogg Centers. Programs funded by education, rehabilitation, JTPA or other legislation now providing limited services would likely be prohibited from developing into comprehensive service centers. Possibly the greatest challenge facing Alabama is to develop a concensus of prioritized goals toward which combined efforts can be directed. The Alabama Association of the Deaf should coordinate these efforts. Perhaps COSDA could assist the AAD in this effort. In closing, the development of Deaf Service Centers as defined by this document offers the greatest potential for services to the deaf community. Preferably, Centers should be centrally coordinated, community based, and client focused. Thank you.

Susan Easterbrooks: Questions from the panel?

QUESTIONS FROM THE PANEL:

Hank Reiderberger: Could we have Mr. Lindsey's complete text entered into the record? Would it be entered in its entirety?

Susan Easterbrooks: Yes.

Maxine Smith: I really don't have a question; it just seems the concurring problem seems to be money.

Earl Lindsey: Yes.

Maxine Smith: Everything I have been hearing throughout the afternoon is there are services that are so desperately needed and there seems to be no money.

Earl Lindsey: The money is the secret to it. With money it follows

even skilled interperters may take a while, but if there is enough money, we will have interpeters down the road.

Nancy Duran: What is your opinion on how to get more money?

Earl Lindsey: I think in Alabama we may be doing the only thing I know to and that is to strenghten our political clout by getting together and determining one or two things we want and try to work together for this.

David Rustay: Excuse me. Mr. Lindsey, but I believe no one knows this better than you, dealing with money. I have been in rehabilitation for many, many years in the country today and its time to stop; its time to back up and its time to reveal your priorities, and its time to rethink how you are going to spend the money you have so that it pays so much. Should you be doing more with less priorities, planning around reorganizing better ways and making sure you include all these services necessary. And it can't be done if people, if the right people disagree with it . The right people make a committment and it is better now to push these people, other agencies, and other educations in rehabilitation.

Earl Lindsey: Well, yes. Committee people depending on their degree of committment can do anything. We need committee people in the right places. We don't have a Mary Swisser today who is instrumental in developing services for the deaf beginning about 1965. We do not have the national leadership for the deaf community that we have had in the past. Neither in rehabilitation services, administrative, nor maybe in the deaf community itself. I am not sure the National Association of the Deaf is as strong as it was a few years ago but maybe its national thrust again.

Audience: Well, I do know one thing though, if you are concerning yourself with the deaf issues, there has to be a deaf community involved in those issues and the leadership has to come from the deaf community itself. If the deaf people don't stand up and push the right buttons for the right people, then nothing will be done about any issues.

Earl Lindsey: That's certainly true.

Audience: Right now there is competition for present money and people are thinking in terms of conserving and cutting back instead of funding additional new programs. I would like to see something done other than lip services about some of these issues and nothing is ever done unless you get it on paper, put a title table to it, and then formulate some type of plan to deal with some of the issues.

Earl Lindsey: I agree a hundred percent, James; we are getting it on paper, and if we can present this as a combined group by a positive approach of these needs. I have not been here the whole afternoon, but I would venture to say we have addresed a lot more needs than we can act on. Un front we need to choose one or two and agree as an organization to go after those and we can, but then decide to go after some more. I think we have special interests within the deaf community to fight for VR. Mr. Arthur fights for AAD education. We need to get together if possible.

Maxine Smith: Mr. Lindsey, in what you were saying, sometimes you can get money and sometimes it is so restrictive that you can't always do what you would like to do. For Example: YYFA only lets you take that money so far, and you can only provide X number of services and that's it. And you can't step over those lines, so sometimes when you do get

money, it's not exactly what you thought it would be for.

Earl Lindsey: Sometimes agencies attempt to be all things to all people, and that's a mistake with the agency. I think agencies such as VR--I think they need to define their limits and do the best job possible within those limits. If they try to do everything, all it's going to do is dilute the efforts and create a lot of complaints toward your inadequate attempt, and maybe we do a little bit of this now.

Susan Easterbrooks: Can you answer one final question?

David Rustay: What about the legislation setting up a commission for the deaf like the other states around?

Earl Lindsey: I would expect that if we went after funding for Community Service Centers, that the funding may be to pass legislation setting up a bureau for the deaf.

DR. JAMIE FLANAGAN

Something I would like to propose is that we look towards establishing and trying to setup some kind of Alabama Commission or task force to explore these issues that have come out of that policy meeting. Primarily this commission's job would be to reevaluate existing programs. Agencies that are receiving Federal funding, agencies that should be serving the deaf to make sure that there are not nondiscriminating procedures being followed. Also make sure that those programs are accessible to deaf individuals here in the state. In addition, they would serve to act as a business for the deaf here in Alabama to make sure that not only the agencies are doing what they are suppose to be doing, but that the deaf are aware of what is available for them out there. What services are available. Also this committee would coordinate training in technical assistance to agencies. Then to make them aware of their responsibilities in what they can do to better serve the deaf. In addition, this agency should be responsible for coordinating interstate and intrastate networking and alliances. VRS Mental Health Education Association is an educational institution. Not only in the state but also out of state. We need to look toward it because of limited funding resorces. We need to look toward networking establishing alliances between agencies and this could be done through contractual arrangements, formal contractual arrangements between programs and agencies or just informal agreements. What Mr. Lindsey brought up the fact about funding constraints probably something like this would have to be funded through a legislative agency which is something that I am also proposing in the legal issues form just a brief, brief, short brief,

as to what prehaps we should include in a Deaf Act. Taking 504, The Federal Regulation in Law and enacting state law parallel 504. That way the state could delineate an outline, what procedures what policies that state agencies and Federal agencies must adhere to make sure the deaf do have these services available to them that, that is accessible to them as it is to the regular population. When we think in terms of accessibility, they brought up that it's not so much it has to do with equal opportunity, the deaf person has got to have the same opportunities that the normal hearing population has and that means that opportunities for counseling in mental health situations. They can't have the counseling without an interpreter and as I said this has to come through by means of legislation and so it's not going to be a easy process. It is not going to be a quick process, but it is something we need to be looking toward immediately as to how we can go about getting this setup through the legislature and that means setting up making contracts, political contracts, getting the legislatures involved making them aware of the situation, all of this.

DR. SUSAN EASTERBROOKS: Questions from the panel regarding networking or service centers?

Hank Reidelberger: How, can you substantiate the needs of the deaf in Alabama? What data do you have to support what you are saying, and if there is no data what plans are being made to collect this data?

Dr. Jamie Flanagan: Okay. This is just a proposal and I have not put everything out on paper. I haven't met with people as far as going to set this up but we would have to collect data to show that this is a media. The numbers warrant that the needs warrant that in such

legislation if that means looking up with other disabilities to have an act with qualified for all disabled persons in Alabama. We have to take that route. That would be an option. In other words, pull all the disability in Alabama to show this is the max, this being population but under Federal law these agencies and institutions have got to make successful. You can't get around it. The easiest way to do this is also have state laws ~~photofied~~ codified. You know parallel the Federal law and state laws can be more specific. The 504 reports and generally if you know the regulations promulgate it under 504 but the state laws can delineate and outline for more specifically what those services need to be as far as to make programs accessible, and what constitutes accessibility, what has been brought before us is the court can define accessibility, however, they want to define it and you don't want to be in that situation where it is depended upon what judge you have or what court you are before as to how accessiblity is going to be defined, and as state legislation would take care of their problem. Because usually in the situation where someone is questioned whether or not state law should be upheld that is to instruct the Federal law. This is why the state is doing it. Usually the Federal Government will keep their hands off that if there is justification for it, substantial needs, substantial reasons why the state has enacted this provision. You can't take away from the Federal law but you can add to it, and the Federal Courts really do not like to tamper with state laws, so if you have a state law in existance, what all these institutions have to do in Federal Courts aren't going to stay around with that and they are not going to strike it down in most instances. So, this protects you at the state level, so you really

need to be looking towards that.

Dr. Susan Easterbrooks: Questions from the audience?

Hank Reidelberger: We have to compile the data and that hasn't been done yet? You mentioned a loose prohibition of agencies serving the deaf, now, is there data collection being done now as to the--

Dr. Susan Easterbrooks: This is an initial attempt to outline what the issues are so that a future reference can go into quantifying problems. At the moment, I don't know of any major research efforts to give specific numbers and percents of what the needs are. Any of you have any information?

The Audience: Did you say the word "task force" a while ago or an "Alabama Commission Task Force"? Well, after that task force is established, then they will get all the acts, then will you make a report to the COOSDA next year or what would you make a report on?

Dr. Jamie Flanagan: There are probably alot of reports. I don't know exactly what you are asking. I would like to see a committee setup in the state legislature.

The Audience: I would like to see that also, but after you have compiled all your reports to that, would you submit it to COOSDA or what?

Dr. Jamie Flanagan: It's not just me doing this. I am just suggesting that in wanting all of us to work together towards implementing this and getting the ball rolling, to do this and imposing and I have outlined some of the things that need to go into either what the committee duties are, how it is setup, the members on it, and also a legislative act guaranteeing access and quality for deaf individuals. I have outlined some basics as to what I think

should be included in that.

Susan Easterbrooks: We have our next speaker.

Louise George

Needs of Parents

Hello. I'm Mrs. George. I'm a sub for a sub. He asked me to apologize that he couldn't be here today. I found out this morning he couldn't be here today. As Odean said, there are always problems and needs that our children have and that we have. The problems just change. In the beginning we are confronted with what philosophy are we going to use with our children. What in the heck is a philosophy? What does deaf mean? What are hearing aids? Will they hear? Will they be able to talk? We are bombarded with all of the needs. We are bombarded with all of this and, it's new for us. We don't even know what total communication is. We don't know what oralism is.

If we haven't been, we have to be educated before we make wise decisions. So we are asking and we need to be informed. We need your understanding. It's a very frustrating time that we are going through when our children are first diagnosed as being hearing impaired. We need counseling. We need group rap sessions just to sit around and share. One morning my child just refused to go to school. I said, You're going to school, in my limited sign language, and he didn't understand. By the time we got to school, we were both crying. It's okay, I've been there. It's okay, you're going to make it. So far we've made it. So we need that understanding from you, and we need you to inform us so that we can make these decisions. We need to be able to communicate with you as friends and as professionals.

My son went to ASD when he was 11 and a teacher told me there, "Call me," and she gave me her home phone number. He is my only child

and you cannot imagine how valuable that was to me. I am sure Dan is glad that I didn't call at 4 o'clock in the morning, but it was very valuable to me at that time. I have a lot of friends there, and they laugh with me and they cry with me about my son. But that's not always the case. With me there are other parents. I ask you to be our friends. I'm sorry. And we as parents need to take on the responsibility of communicating with our children. A lot of parents can't afford to pay for sign languages. Perhaps there could be scholarships, maybe, available to parents. Also there is a need for our young teenagers and young adults to have TDD, TDY decoders and they need those things. A lot of us can afford them; a lot more people can't afford them. Perhaps there can be some assistance for that. And we also need professionals to remember that our children will grow up around them, and they will be deaf adults. They are going to need secondary education. They are going to need interpreters, and they are going to need jobs, and just remember that we need you, and we want to work with you as professionals and parents together.

Susan Easterbrooks: Thank you. Questions from the panel?

QUESTIONS FROM THE PANEL:

Hank Reidelberger: Didn't catch where you were from.

Speaker: Mobile.

Hand Reidelberger: In Mobile is there a deaf club, perhaps, that provides a foster grandparent's and friends' counseling to deaf parents there? Is there anything like that?

Speaker: There are several organizations in Mobile, and my son and I made a point of making sure that he has a reaction of deaf, the change

in organizations. We don't have anything formally like" adopt a grandparent" or whatever but that's a very good idea.

Hank Reidelberger: Do you think those deaf community members would be willing to work with parents, also, not just the child?

Speaker: I think so. One of my very best friends in the whole world is Gurtrude Redof. As I said, the teachers have, and she is a deaf adult, and that has been in residential school, and she helps me understand my son and his needs. She has helped me a lot.

Hank Reidelberger: Do you think other parents are as lucky to have somebody like that to help them?

Speaker: No.

Susan Easterbrooks: Any other questions or comments from the audience?

QUESTIONS FROM THE AUDIENCE:

Audience: In my section of the state of Alabama there are very few deaf, so that means there are very few parents that you can talk to with this in common. There was something that I thought of that I didn't mention to you.

Speaker: There are a lot of services for the parent that we don't all know about. I don't know how many years my child went to a religious camp for the deaf. See they just don't know about those services provided. One other thing I would like to say to the deaf adults. Don't forget our kids. A lot of the other organizations, they tend to forget the kids. I would like to see them involved more.

Audience: I just wanted to say something about parents. I firmly believe in that philosophy that parents are the first educators of the child. I believe that; I'm not saying they should be continuing the

child's education, but sometimes, well, the parents may intimidate the classes, and I don't know why that is the case, and the professionals many times write about, "Oh, here comes that parent again." I'm sort of on both sides, and I wish there were more interaction between the professionals and the professionals could learn from the parents and the parents could learn from the professionals, and sometimes I wish I could go to a professional and say that this person has come to me and said that you don't listen to them and you don't recognize their feelings. I wish I could go to the parent; and I wish I could say to this professional, Oh, no, here comes this parent again. I wish there were more dialogue, and I don't know how we can solve it.

Susan Easterbrooks: Any more comments, questions from the panel? Do you have anything else you would like to say?

Speaker: No. That's all.

Odean Moran

Needs of Parents

First of all I might say in my 21 years as a parent of a deaf child, I could talk for five days about my needs but I've got to do it in five minutes.

Meet the deaf child's needs and parent needs to be met. Consider that statement. You might say well, kind of, sort of, not necessarily; or you might say, what do you mean. Well for me, if you want to know my answer, I say not so. You know, as a parent all of you know that good counseling is very important for ourself and our kids. We as parents know they need it, and we know they need it more often than they get it. Therefore, part of this job falls on us. We must try harder to improve our communication. We must listen to our deaf children as we do the other children. There is such a shortage of counselors, and I'm saying dedicated caring deaf and hearing people who are trained for counseling the deaf that we as parents should be prepared to key in on those deaf kid's needs. Too often we as parents fail to pick up on those problems and questions that our kids encounter as they grow and develop into independent, tax paying, individuals. That parent is ready to scream, HELP. Anybody. The deaf child's problems are his parent's problems. Think about that. They certainly should be. What that -- When that child comes to that parent and shares his problem with that parent, he needs that assurance that if his parent can't solve that problem, he or she will seek help from those qualified people who can. Who and where are those people?

Besides problems we do share, there are some very joyous moments

with those kids. Like their feelings of success, saying that very first word and mom understands it, competing in that hearing world and winning, playing in his first football game, getting a driver's license, having a first date or getting a first paycheck. There is something else that we share that we don't like to share and it really cuts deep and that's when that child hurts.

A parent feels so helpless when that deaf child feels depressed from being left out or depressed from just being deaf. His lack of communication, lack of success, peer acceptance, sibling rivalry, job rejection or even just the time he will spend in getting that education. Many times this mother has gone to the bathroom and just cried out, Lord you have got to help me through this one, too.

Many deaf children and adults limit their own achievement opportunities simply because they don't let their needs be known. Because of that strong desire to be independent, they don't demand those rights that have been talked about. We as parents need to be knowledgeable of those rights and make sure all of these available resources are forwarded to that deaf child. I might add those resources should not be just available. They better meet the needs of that deaf child. For instance, an interpreter should be more than just a signer of words. He should be able to interpret in simpler language for that young, deaf child without changing the intended meaning. Also those interpreting services should be available to interpret written language because of the language limitations of that deaf child for various types of testing.

Do you know another important need at my house is some relief with my pocketbook. We pay high prices for deafness. For instance,

they tell me the automobile accident rate among a deaf is low, but what about those insurance rates, if you can get it at all. Discrimination, plus. Folks, those costs are grossly unfair. What can be done about it? I am told that one can get a discount on TDD calls. No one has told me how to get it. Can a telephone be equipped so that a deaf person knows the party line is busy? How does he know what number he is to call to get TDD services? A parent organization is really good, but another parent with whom problems can be shared one to one at the time of need is the most efficient. It is very gratifying to find someone out there with whom to identify, especially with that very young deaf child. Wouldn't it be great if we had a directory of parents of the deaf. I can assure you with growth of communication at my house the pressure of coping with the impaired child is much relief; however, as that child grows, new problems arise. Just when I think I've got all my problems solved, here is another one. So we are going to need help from people now and forever more.

Susan Easterbrooks: Thank you. Questions from the panel?

QUESTIONS FROM THE PANEL:

Hank Reidelberger: Right now, if you hadn't assigned a percentage to what you want and what you are getting as far as services and support, what percentage are you actually getting now compared to what you really need?

Speaker: That's a hard one. I am so grateful for the services that my child and I have received. I can't really -- I can't even attempt of getting a percentage.

Hank Reidelberger: So you would say 90 percent of your needs are

getting met?

Speaker: I don't think so.

Hand Reidelberger: You say 50 percent of your needs are being met?

Speaker: Don't ask that question.

Hand Reidelberger: What do you say? Fifty? Okay.

QUESTIONS FROM THE AUDIENCE:

Audience: I would like to ask a question. What role programmed in on to you and your problems with a deaf child? Isn't that located over there in Talladega?

Speaker: You know, it's new. I did receive services when mine was young from John Tracy Clinic, and you can't know what a blessing that one letter back to me when I wrote to John Tracy Clinic and poured out my heart because I thought I was the only mother in the world in that predicament at that time. So you know, at the time of need where I guess I was really trying out and reaching out I got something. Really. Ask James about the parent-infant program. I have heard some very worthwhile comments about the parent-infant program, and I can see it would have been very efficient to me because I was reaching out to somebody else.

Audience: I don't know a great deal about that program. Do you know if they continue to follow kids even through puberty and adolescence and whatever, or is it just children?

Speaker: I don't know. I believe--I just believe they would but I don't know.

Audience: Maybe it is worth looking into.

Hank Reidelberger: Do you know what services are available to deaf parents that have deaf children?

Speaker: I am aware of some. I have heard of others just today that I was not aware of. That's why I think that maybe a directory of parents of the deaf would be so helpful to know the ways. Like, you know, I thought if I knew every parent of a deaf child in Alabama, I believe I would send him a letter. I would like to write to Jeremiah Denton asking for some relief of this high cost of interest for the deaf, and I just feel that list would be so much help.

Hank Reidelberger: Have you had any success with the Department of Insurance here in Alabama discussing this problem?

Speaker: I haven't tried but I've been turned down. I didn't like it.

Maxine Smith: Just wondering if more education and some house information could be provided for the parents in order to teach the children to be more independent and if there is some way to use that money to provide devices or anything. For example, if they had signals and door monitors and things where they could take care of messages themselves they could take care of themselves; they could learn, use their SSI money to buy TDD. A lot of the time what I've experienced is all this SSI money is given to the parent and not the child. That always happens. I know of cases where the parent doesn't want to let go of the child in order to collect that SSI, and so it is a frustration on the part of the people who are helping the deaf individual and this is a frustration of the parent wanting that assistance. Also I know that they need the assistance, but if there was some way to monitor to purchase TTD so they could communicate themselves when they need to and to answer the door when they need to, maybe that would overcome relief. I don't know.

Susan Easterbrooks: I have time for one final question.

Audience: You are talking about car insurance. We in Birmingham don't have any problem with that. No, we don't have any problem; it is very easy. I have mine with Allstate. There is no problem. It doesn't matter. The only thing I know was when it was hard to get insurance several times then they turned you down. But as of now there is no problem in Birmingham.

Speaker: I was told in Talladega that Allstate would not insure the deaf.

Mr. Arthur: How had you communicated with your deaf child?

Speaker: Sign Language.

Susan Easterbrooks: Our final issue on the agenda is that of legal issues. A hot topic of the day. And our first speaker is Raymond Steele.

RAYMOND C. STEELE, JR.

Legal Issues

A legislative bill recognizing American Sign Language as a common language is needed on the state and national levels.

The history of sign language begins with the Benedictine monks around 530 A.D. Thomas Hopkins Galluadet brought sign language from the Paris Institute to the United States around 1816 as he established Gallaudet College in Washington, D.C. Sign language was almost dead until the 1960's when schools for the deaf across the country again allowed signing in the classroom as an instructional method. A further advance was the beginning of total communication of the 1970's. Total communication combines sign language, finger spelling, reading, writing, hearing, speech, and reading skills.

Law makers in Maine, Wyoming and Michigan are planning to introduce bills recognizing American Sign Language as a common language. Such legislation would permit ASL to be taught to both deaf, hearing impaired and hearing students. A similar bill was passed in Texas in 1979. Alabama legislators need to review the proposed ASL bills and consider passing similar legislation. We cannot wait for the federal government to take a lead in this matter. The Gramm-Rudman Deficit Reduction Bill, which was approved by congress, requires Gallaudet College to return approximately 3 million dollars in federal funds as of March, 1986. This is just an example of the monumental effect Gramm-Rudman can have.

United States Senator Lowell P. Weicker, Chairman of the Senate Subcommittee on the Handicapped, has introduced a new bill that would change the name of Gallaudet College to Gallaudet University. The bill will also open the school to hearing students who are interested in the profession of education for the deaf. This will provide them a background to assist in providing deaf awareness information to the general public for financial services, family services, educators, counselors, medical professionals, legislators, bankers, insurance agents, real estate brokers, social workers, vocational rehabilitation counselors, and special service groups so hearing students can assist in meeting the needs of the non-hearing population of this country. Thank you.

Susan Easterbrooks: Questions from the panel?

QUESTIONS FROM THE PANEL:

Hank Reidelberger: Your opinion. What do you think the most important needs are now for deaf services in the United States?

Speaker: Okay. We need to establish a committee to review other ASL bills such as in Texas and Wyoming and in Maine and Michigan and so forth and study their bills and bring them back to Alabama so that we can see if our legislature can accept this for the benefit of Alabama.

QUESTIONS FROM THE AUDIENCE:

Audience: Yes. Do you think Alabama schools for the deaf should take part in getting this bill passed?

Speaker: Yes. Yes. As any organization would, this committee, COSDA, also to help propose to the legislature to investigate other states that--that are affected by Gramm-Rudman budget. We can't wait and depend upon federal funds. We have to act ourselves. We have to

do it ourselves.

Susan Easterbrooks: Thank you very much. And our final speaker is Peggy Estes.

Our final speaker is Peggy Estes on Legal Issues.

PEGGY ESTES

Legal Issues

Hello to everybody. I am happy to be here. My speech will be about legal rights for the deaf. I think it's about time for the deaf people to have a case. Right? All right. You know that as deaf people, citizens of Alabama, we are taxpayers, and we pay many dollars yet we don't get enough services. Many services as interpreters, many placed professionals like lawyers, courts, police stations, work shops can be drivers and educators; they require interpreters under that 504 act. It is a law for each one to interpret while deaf are involved in that. And many deaf people's needs have been ignored for a long time. You know deaf people live with discrimination. Discrimination in many jobs; some deaf people want to buy car insurance, house insurance; and many times you hear they're deaf, you better raise the price. Because they don't have a right to raise the price, it needs to be fair and equal to hearing people and we citizens of Alabama and America. I don't see how insurance people have the right to raise the price and be against drivers in our nations. It needs to be equal for hearing people and deaf people alike. Deaf people deal with frustrations; that's right. Many have limitations in speech, reading, and with their levels, and many deafs often need an interpreter. Because of the deafness and the language, it is a foreign language and too deaf people live with misunderstanding. That is a true misunderstanding many people have of a deaf person . Okay. ASL, for example, that means it's low level, but really that's not true. Some ASL signers are very intelligent, and also many people look on that as being very

low level, dumb deaf people, but ASL can be used by the brighter. Now, concern for deaf in court. It happens that I hear in different places in Alabama where one deaf man was caught. He was in trouble because a woman told the police officer and said to her mother, You know that deaf man raped me. He raped me. And the mother was so upset and went to the police and wanted to find out what happened. She gave her name and they went and caught the deaf man, and the deaf man said, What happened. He said no but they took him because they didn't know that he didn't know about jail; he didn't know about arraignment. They set up the date. The deaf man didn't know anything about what to do, and I don't know. Okay. When he was in the courtroom, he was asked, Did you rape this woman. And he was lower level; he was low visual and the deaf man said, Yes, I raped her, yes. Okay. He admitted he did, and the third time he was asked, the interpreter came to our house, and she was explaining the situations and problem and my husband, Charles, who has passed away recently, was a professional in ASSL, and we were watching this story and we decided, we don't believe that he raped the young woman. It had to be something. Yes, yes, people were agreeing in the action, but I don't think it was rape. Tell the story again. Is it true? Was it truly rape or were you just agreeing with them? What is going on; so it was not rape. He was just agreeing. It was because he was having a problem understanding. I as a deaf person--I used to be involved with an interpreter who is skilled in ASL. Okay. Criminal court proceedings--it happened that there was one deaf person, a young man had a big problem after he killed his former wife. Somewhere in the north, maybe you all have heard the story of this, but the court was given 3 times, and I don't know if

the deaf person really understood the situation; he was completely deaf. He was getting plenty of defense. James Arthur is the chair person to provide legal rights for the deaf, and we are trying to research--review how to put a deaf in jail for a life time. And we are researching on that program communication enforcement, official allegations they should have an interpreter. When a deaf is caught and put in jail, they want an interpreter, but they can't get through to a police officer to say they want an interpreter provided, so we feel that all police officers in every town, if a deaf person were arrested and captured, they must immediately get in touch with an interpreter first thing so the deaf would not feel left out, perhaps or refused. Prehaps we need to get relatives to help with problems of finding defensive attorneys who are familiar with deafness. You know we need to contact them perhaps during when most of the attorneys have their convention such as the Bar Association Convention. Perhaps a COOSDA representative could go there and speak to all of the attorneys about this issue of the deaf, and this is something most lawyers do not know or are not familiar about deafness itself and the needs. At a trial proceeding, the deaf have to have an interpreter, and it will be advisable to have two interpreters so that they can help each other back and forth alternately. And we would advise them to have a videotape of the interpreter for documentation and verification of the transcript of the official proceedings. Now, we would propose that COOSDA could go to the legislature and ask to sustain a state commission or counsel for the deaf. Why not? State legislature is involved in the living of the deaf and look in the state legislature monitering the agencies forcing the law in regard to services for the deaf.

REFERENCES

Babbidge, H. S. (1965). Education of the Deaf. A Report to the Secretary of Health, Education, and Welfare by His Advisory Committee on Education of the Deaf. Washington: U.S. Govt. Printing Office (0-765-119).

APPENDIX A

CORRESPONDENCE

Exhibit 1

May 22, 1986

TO: All COSDA Members

Attached you will find a Call for Briefs for the upcoming COSDA Conference. On Friday of the conference COSDA will be conducting hearings into the needs of deaf Alabamians. Four hours of testimony will be solicited from sixteen (16) expert witnesses around the state in eight topical areas. However, a more comprehensive document will be compiled, including written briefs from all interested parties around the state. It is of utmost importance for each organization under the COSDA umbrella to submit an Expert Witness Report on at least one of the issues, as delineated in the attached document. To have a viable final report all facets of concerns must be addressed. Therefore, we are urging you to submit in writing a description of what you see are the needs of the deaf in the eight areas. Each organization is encouraged to submit an Expert Witness Report by the organization and also by individuals within the organization. Assure the success of this Investigation by designating persons within your organization and those concerned persons outside of your agency to submit a report. All reports submitted will be part of the final printed document, which will contain the oral testimony of the sixteen (16) expert witnesses, all submitted briefs, and a summary of the findings.

Should you have questions or comments please contact me or Dan Miller at V/TDD 231-5093.

Sincerely,

Dr. Susan R Easterbrooks

DR. SUSAN R. EASTERBROOKS
COSDA Secretary

C A L L F O R B R I E F S

N E E D E D: E X P E R T W I T N E S S E S

C O S D A

The Second Alabama Conference on Deafness

The program

On Friday July 25, 1986 the COSDA Conference Agenda will include an Investigative Forum dealing with issues relevant to deafness. This Forum will serve as a data collection instrument from which a documentation of the needs of the deaf in Alabama may be generated. The data from this endeavor will document areas of need and will provide direction for program and agency planning.

The process

Dr. Susan R. Easterbrooks, Coordinator of the Hearing Impaired Program at Jacksonville State University, will moderate a panel investigation and edit a written document of the process of fact-finding. The process will consist of an Investigative Panel, composed of a cross-section of involved individuals, who will hear from selected Expert Witnesses. These Experts will submit a written brief of their concerns, address these verbally to the panel, then be

questioned by the Investigative Panel. The conference audience will be given an opportunity to proffer questions and/or comments. The Investigative Panel will then conclude with any of their remaining questions. The entire process will be moderated by the Forum Executive. All proceedings will be recorded by a professional courtroom stenographer.

The outcome

The entire Proceeding will be published. This record will serve to verify in an objective manner the current problems facing the deaf and their community, family, and agencies. The printed document will include the written Expert Witness presentations, transcription of the actual proceeding, Investigative Panel's written summation, written briefs from the field, and general comments from the Forum Executive. As well, all submitted Expert Witness offerings will be included as additional support of the level services, types of problems and areas of concern.

The issues

1. Accessibility of Services--This topic includes the following issues:
   In/out Patient--Mental Health
   Health Services (hospitals, doctor's offices, drug stores)
   Counseling (personal, family, marriage, AA, parents anonymous)

2. Interpreting Services
   Availability of trained personnel
   Training programs
   Appropriate use of the interpreter by client and agency
   The Interpreter and professional status
   The Educational Interpreter and the Code of Ethics
   The pay scale

3. Trends in Education of Deaf Children
   Mainstreaming
   Residential and rehabililation services
   Least Restrictive Environment
   Long-term care facilities
   Regional centers
   Cooperative agreements
   Adult basic education

4. Postsecondary Education
   Training and technical schools
   Four-year programs
   Continuing education
   Career guidance and counseling
   Job placement and retention/employers

5. Legal Issues
   Current legal issues affecting the deaf
   Needed legislative support
   Leadership/advocacy among and for deaf

6. Public Awareness
   Who needs it
   Who pays for it
   Where should it be available
   How much information should be given
   Who should coordinate the task
   What philosophy(s) should be proffered

7. Needs of Parents
   What organizations are now available
   What do parents most need
   Where can parents go for information
   Genetic Counseling
   Parent workshops
   Family vacations

8. Networking/Alliances/Service Centers
   Services available
   Location of centers
   Type of agencies and institutions to be networked
   Staffing--type of specialities
   Data collection
   Tracking of clients

Who may submit a brief

Any person, group, or agency having first hand knowledge of problems encountered by deaf Alabamians is deemed an Expert Witness and is encouraged to submit a brief.

Who may testify

Although experts have been chosen by the Conference Committee, anyone who wishes to testify will be considered. Requests to give a presentation must be made by June 15th.

If selected

Those Expert Witnesses who are selected will give their cases to the Investigative Panel orally at the COSDA Conference (Program date is Friday July 25, 1986). The oral presentation should be approximately five (5) minutes. (All COSDA sponsored events will be interpreted.) The Expert Witness will then be questioned by the Investigative Panel. At that time the Conference audience, under the direction of the Forum Executive, will be given a brief time to ask questions of the Expert Witness and to make comments. The Investigative Panel will then conclude the session with additional questions. Each of the eight topics will be explored over a thirty (30) minute period.

What if I desire to submit but.....

...can not or desire not to present an oral presentation? All documents submitted will become part of the total report. Due to time constraints only sixteen (16) Expert Witnesses will be called. Thus, the documents that are submitted, but not chosen for oral prsentation, will be of great importance to a clearer understanding of the multiple concerns and issues.

Where to submit

Send your written Expert Witness testimony to:

Dr. Susan R. Easterbrooks
Hearing Impaired Program
Jacksonville State University
Jacksonville, AL 36265

When

All documents must be submitted by June 30, 1986.

All request to testify must be made by June 15, 1986.

T H E E X P E R T W I T N E S S E S

The EXPERT WITNESSES will be picked by the Conference Committee and from that group of individuals who submit BRIEFS. Two Expert Witnessess will be chosen for each of the eight issue topics. Thus, there will be a total of sixteen Expert Witnesses to give their presentations orally and to be questioned on Friday, July 25, 1986.

There will be a Call for Briefs to all COSDA member agencies and organizations. Eight topics have been selected. Those desiring to submit a BRIEF for consideration of oral presentation at the COSDA Conference should submit such by June 15, 1986. BRIEFs submitted for publication only are due June 30,1986. BRIEFs should be mailed to:

Dr. Susan R. Easterbrooks
Hearing Impaired Program
Jacksonville State University
Jacksonville, AL 36265

All BRIEFS should be typed and double-spaced in the format below. All BRIEFS will become part of the finished document. Briefs from Expert Witnesses will be sent to the Investigative Panel for review and an opportunity to formulate questions.

Brief Format

Presenter:
Organization Affiliation:
Topical Area:
Discussion: Include description of problem, current level/degree/type of service available, additional level/degree/type of services needed, anticipated problems, impressions/recommendations, additional information as deemed appropriate.

At the Conference the Expert Witness will orally present the BRIEF in about five (5) minutes. The Investigative Panel will then ask questions for approximately five(5) minutes. The Conference Audience will then have an opportunity to ask questions or make comments. All sessions will be transcribed by a courtroom stenographer. All briefs submitted, not just those presented, will be included in the final document.

THE INVESTIGATIVE PANEL

The INVESTIGATIVE PANEL will be composed of two teams. One team will serve during the morning session and the other team will serve during the afternoon session. There will be four members on each team. The responsibilities of the Investigative Panel are to ask questions of the Expert Witnesses and then to write a summation at the conclusion of the session.

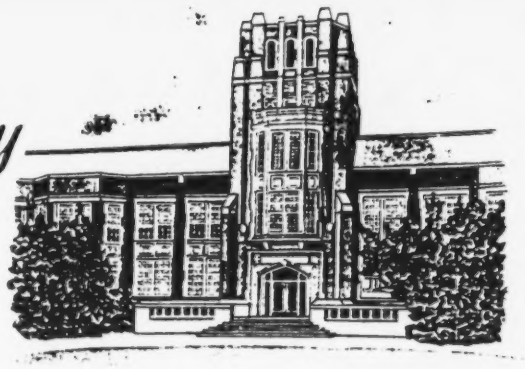
Each member of the Investigative Panel will receive BRIEFS on two issues. There will be two briefs for each issue, thus the Investigative Panel member will receive a total of four briefs to review and for which to formulate questions. The Investigative Panel members, while charged primarily with asking questions about their assigned topical areas, will ask questions of all witnesses. The BRIEFS will be mailed to the Investigative Panel three weeks prior to the Conference.

Following the conclusion of the session each member will be responsible for submitting written summations of the issues as presented. It is up to the discretion of the panel member whether he or she wishes to make recommendations. All written and oral testimony and summaries will become part of the published document. Dr. Easterbrooks will give the specfic charge to the Investigative Panel at 8:30 a.m. on Friday July 25, 1986.

EXHIBIT II

Jacksonville State University

JACKSONVILLE, ALABAMA 36265/205-231-5781



M E M O R A N D U M

TO: All individuals, groups, agencies dealing with deaf Alabamians

FROM: Council of Organizations Serving Deaf Alabamians (COSDA) Investigative Issues Forum
Dr. Susan R. Easterbrooks, College of Education
Jacksonville State University

DATE: July 31, 1986

RE: Request for Additional Briefs for Investigative Forum

Additional briefs are being solicited on the issues as outlines below. These briefs will be accepted through Friday, August 29th by Dr. Easterbrooks at the above address. These briefs will appear as part of the written document to be printed and disseminated to the appropriate foundations, government agencies, and diffusion networks.

Due to the success of the Investigative Forum at the Second Annual COSDA Conference, July 25th, in Montgomery, additional briefs are being called for to enhance the validity of this endeavor. The topics and format are outlined below.

1. Trends in Education of Deaf Children
2. Postsecondary Education
3. Interpreting Services
4. Public Awareness
5. Accessibility of Services
6. Networking/Alliances/Service Centers
7. Needs of Parents
8. Legal Issues

M E M O R A N D U M

TO: Expert Witnesses

FROM: Dan Miller and Susan Easterbrooks

DATE: July 17, 1986

RE: Brief - Investigative Issues Forum

To those of you who have already submitted your briefs for the Investigative Forum, thank-you. Those of you who have not are encouraged to do so as soon as possible. If you are bringing your brief to the conference, please bring nine copies.

The Investigative Issues Forum will be Friday, July 25, 1986 from 1:30 to 5:30 p.m. at the Governor's House Motel in Montgomery. Please arrive at least 30 minutes before your scheduled time. The schedule is as follows:

	TOPIC AND WITNESSES
	1st Investigative Panel
1:30	Trends in Education of Deaf Children Douglas Patterson, Anne Ramsey
2:00	Postsecondary Education Jamie Flanagan, William Apple
2:30	Interpreting Services Robin Price, Sue Scott
3:00	Public Awareness Jamie Norman Ison,Debby Lyons
	2nd Investigative Panel
3:30	Accessibility of Services Beverly Mann, David Rustay
4:00	Networking/Alliances/Service Centers Patti Sheets, Earl Lindsey
4:30	Needs of Parents Odean Moran, Jerry George
5:00	Legal Issues Raymond Steele, Peggy Estes

You are encouraged to contact the other individual who will be speaking on your same topic to be sure you do not duplicate your testimony. Should you have any question or need any assistance please call (205) 231-5093/TDD same.

Sent 7/18 GB

C O S D A
SECOND ANNUAL CONFERENCE

I S S U E S I N V E S T I G A T I V E F O R U M

U P D A T E
E X P E R T W I T N E S S
J U L Y 9, 1 9 8 6

A "second" round of REQUEST FOR BRIEFS is now being solicited. Though the deadline for the oral presentation has passed, BRIEFS are still being sought for the written document. Please consider submitting BRIEFS or encourage others to do so. Be sure your organization or cause is represented with a BRIEF. The final document will be more comprehensive, thus helpful, with a larger number of BRIEFS. Secondary BRIEFS will be accepted through the COSDA Conference.

The BRIEF format is as follows:

Presenter:
Organization Affiliation:
Topical Area:
Discussion:

Include description of problem, current level/degree/ type of services available, additional level/degree/type of services needed, anticipated problems, impressions/recommendations, additional information as deemed appropriate.

I S S U E S

Accessibility of Services
- In/Out Patient--Mental Health
- Health Services (hospitals, doctor's offices, drug stores)
- Counseling (personal, family, AA marriage,& parents anonymous)

Interpreting Services
- Availability of trained personnel
- Training programs
- Appropriate use of the interpreter by client and agency
- Interpreter and professional status
- Educational Interpreter & Code of Ethics

Trends in Education of Deaf Children
- Mainstreaming
- Residential and rehabilitation
- Least Restrictive Environment
- Long-term care facilities
- Regional centers
- Cooperative agreements
- Adult basic education

Postsecondary Education
- Training and technical schools
- Four-year programs
- Continuing education
- Career guidance and counseling
- Job placement and retention/ employers

Legal Issues
- Current legal issues
- Needed legislative support
- Leadership/advocacy

Public Awareness
- Who needs it
- Who pays for it
- Where should it be available
- How much information should be given
- Who should coordinate
- What philosophy(s)

Needs of Parents
- What organizations are now available
- What do parents most need
- Where can parents go for information
- Genetic Counseling
- Parent workshops
- Family vacations

Networking/Alliances/Service Centers
- Services available
- Location of centers
- Type of agencies and institutions
- Staffing--types of specialities
- Data collection
- Tracking of clients

Send BRIEFS to: Dr. Susan R. Easterbrooks
Jacksonville State University
Ramona Wood Building
Jacksonville, Alabama 36265

TO: Investigative Panel Observers

FROM: Dr. Susan R. Easterbrooks, Panel Moderator

You are cordially invited to sit in on and observe the proceedings listed below. The purpose of this effort is to investigate the needs of deaf Alabamians so that we may develop a meaningful document to be used in acquiring and networking such services.

As an observer, you are encouraged to present your opinions at the appropriate times. Each official presenter will be given five (5) minutes to share his or her information. The panel will then question the presenter for five (5) minutes. A final five (5) minutes is set aside for questions or comments from you, the audience. If you would like to share some information, please indicate so, and you will be recognized by the moderator. Upon recognition, please step to the microphone in the center aisle and make your statement. Please make your statement as briefly as possible as others may wish a turn. Upon completion of the five-minute time period, you will be asked to relinquish the microphone. This is not meant to be disrespectful and in no way diminishes the importance of your contribution; however, we do have a very tight schedule as you can see below.

If you have a differing opinion or additional information which you were not able to share at the forum, you are enthusiastically urged to put

these in writing so that they may be included in the final document. Please submit all briefs by the end of August to:

Dr. Susan R. Easterbrooks
College of Education
Jacksonville State University
Jacksonville, Alabama 36265

INVESTIGATIVE ISSUES FORUM

Friday, July 25th 1:30 - 5:30

TOPIC AND WITNESSES

1st Investigative Panel: Don Rhoten
Lewis Easterly
Janice Daughtry

1:30 Trends in Education of Deaf Children
Hank Baud, Dan Miller

2:00 Postsecondary Education
Jamie Flanagan, William Apple

2:30 Interpreting Services
Robin Price, Sue Scott, Patti Sheets

3:00 Public Awareness
Jamie Norman Ison, David Richardson

2nd Investigative Panel: Maxine Smith
James Arthur
Nancy Dailey
Hank Reidelberger

3:30 Accessibility of Services
David Rustay

4:00	Networking/Alliances/Service Center Earl Lindsey
4:30	Needs of Parents Odean Moran, Louise George
5:00	Legal Issues Raymond Steele, Peggy Estes

APPENDIX B

INFORMATION ABOUT FORUM PARTICIPANTS

Name:	Susan R. Easterbrooks
Occupation:	Associate Professor of Special Education Director, Postsecondary Program for Sensory Impaired
Interest:	Educator, researcher, service provider, author
No. of Years:	14

Name:	Daniel L. Miller
Occupation:	Coordinator,Postsecondary Program for Sensory Impaired
Interest:	Sibling of deaf brother and deaf sister, Educator
No. of Years:	15

Name:	Hank Baud
Occupation:	Vice President - Alabama Institute for the Deaf & Blind
Interest:	Educator
No. of Years:	20

Name:	Nancy J. Dailey
Occupation:	Interpreter
Interest:	Husband is hearing impaired
No. of Years:	15

Name:	Peggy Estes
Occupation:	Data Processing Clerk II
Interest:	Deaf Consumer
No. of Years:	

Name:	William G. Apple
Occupation:	Principal, Helen Keller School -AIDB
Interest:	Educator
No. of Years:	14

Name:	Odean Moran
Occupation:	Teacher, Helen Keller School
Interest:	Parent, Educator
No. of Years:	22 (parent of deaf son) 13 (teacher of deaf)

Name:	Earl E. Lindsey
Occupation:	Supervisor, Services for the Deaf/Vocational Rehab

Interest: Vocational Rehabilitation
No. of Years: 15
Name: Robin Price
Occupation: Coordinator of Deaf Services/Independent Living Center
Interest: Service Provider, Interpreter
No. of Years: 27

Name: David J. Rustay
Occupation: Regional Consultant
Interest: Educator, Consumer
No. of Years: 10

Name: Henry J. Reidelberger
Occupation: Academic Coordinator, Program for the Hearing Impaired, North Florida Junior College
Interest: Interpreter, Administrator, Advocate
No. of Years: 12

Name: Patricia M. Sheets
Occupation: Executive Director
Interest: Educator/Rehabilitation
No. of Years: 15

Name: Maxine S. Smith
Occupation: Job Development Specialist
Interest: Job Placement & Development
No. of Years: 2

Name: David Richardson
Occupation: Missionary to Deaf in Alabama
Interest: Preacher, Minister to needs of deaf people
No. of Years: 31

Name: Donald E. Rhoten
Occupation: Director, Gallaudet Regional Ctr., Flagler College
Interest: Educator
No. of Years: 16

Name: Lewis Easterly
Occupation: State Dept. of Revenue

Interest: Parent of HI College Student
No. of Years: 20
Name: Janice Daughtry
Occupation: Housewife
Interest: Parent of HI Student
No. of Years: 20

Name: Dr. Jamie Flanagan
Occupation Assistent Director, PPSI
Interest: Education
No. of Years: 6

Name: Sue Scott
Occupation: Interpreter
Interest: Daughter of Deaf Parents

Name: Jamie Ison
Occupation: Director, Mobile Preschool for the Deaf
Interest: Educator
No. of Years: 10

Name: James Arthur
Occupation: Retired/Printer
Interest: Deaf Consumer

Name: Louise George
Occupation: Interpreter
Interest: Parent of HI
No. of Years: 14

Name: Raymond Steele
Occupation: Printer/Graphic Artist
Interest: Deaf Consumer

APPENDIX C

COURT STENOGRAPHERS' NOTATIONS

DASHES

Use a *court reporter's dash when there is a change in thought or when the speaker rephrases the question or answer. *(SPACES BEFORE AND AFTER DASH)

Use a *court reporter's dash for a false start.

Use the grammatical dash for immediate correction or a misspoken work. (p.44r.5811.c)

Use grammatical dashes when the speaker suspends in midsentence his idea but then continues the idea. When you take the suspended idea out you still have a complete statement. (r.59)

Use the grammatical dashwhen the speaker is interrupted and then completes the statement or question. (r.60)

Use grammatical dashes when one speaker interrupts and resumes the thought of the first speaker. (r.61)

Use grammatical dashes when a speaker is interrupted but icludes some additional remarks before continuing with the original idea. (r.62)

Use a grammatical dash when a series acts as a summary and the main idea follows the series. If you can turn it around you can use a colon. (r.63)

*Begin a statement or question with a capital letter following the court reporter's dash if the statement or question is complete.

*Begin a statement or question with a lower-case letter following the court reporter's dash if the statement or question is incomplete.

**Many court reporters use only one kind of dashes, for consistency; but the way in which it is taught at Prince Institute you must distingwish between the two types of dashes. All rules taken from An English Guide for Court Reporters. Lillian I. Morson.

APPENDIX D

1986 COSDA MEMBERSHIP

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COSDA Members and Council Representatives

AL Association of the Deaf, Inc. - Rann Gordon
AL Chapter, Gallaudet College Alumni Assoc. - Sam Rittenberg
AL Chapter, Nat'l Fraternal Society of the Deaf - Carol Hall
AL Coalition of Citizens with Disabilities - Mickey Roy
AIDS, Instructional Programs - Doug Patterson
AIDS, Ext. and Support Program - Hank Baud
AIDS, E. H. Gentry Technical Facility - Dan Kearley
AIDS, Parent-Infant Program - Terry Graham
AIDS, Regional Deaf/Blind -
AL Registry of Interpreters for the Deaf - Robin Price
AL Rehabilitation Association - Milton Moats
AL School for the Deaf - John Tiffany
AL School for the Deaf, Parent-Teacher Org. - Jerry George
AL School for the Deaf Alumni Assoc. - Peggy Estes
AL Society for Crippled Children and Adults - Barry Cavan
Auburn Univ. Eval. & Adj. Program for Deaf and Blind - Myra Small
AUM Speech and Hearing Clinic - Betty Faircloth
Auburn Univ. Org. of Parents of Hearing Impaired Children -
Sandra Clark Lewis
Baptist State Executive Board - Rev. David Richardson
Birmingham Bible School for the Deaf - Roy Price
Birmingham Board of Education - Carmelita Bivens
Crippled Children Service - Patsy Patton
ECHO Foundation -- Lynn Carmichael
Episcopal Conference for the Deaf - Rev. Camille Desmarais
Governor's Committee on Employment of the Handicapped - Gene Kerlin
Hearing Impaired Program, County Board of Education - Patsy Paulk
Helen Keller School - Philip Wade, Principal
Huntsville Board of Education - Debra Baker
Independent Living Center - Patti Sheets
Jacksonville State Univ. Deaf Ed. Program Coordinator -
Dr. Susan Easterbrook
Jefferson County Bd. of Ed., Speech and Hearing Program -
Ester O'Brien
Mobile Pre-School for the Deaf - Jamie Norman, Director
Janice W. Capilouto Center for the Deaf - Tammy Adams, Dir.
Partlow State School, Sensory Impaired Program - Glenda Robertson
Project: HEAR - Beth Dowling, President
S.D. Bishop State Jr. College, Sign Language and Interpreter
Training Program - Sue Scott, Director
SW AL Regional School for the Deaf and Blind - Betsy Eager
Services for the Deaf, Vocational Rehabilitation Services
Earl Lindsey, Supervisor
Special Ed. for Exceptional Children and Youth, Dept of Ed. -
Doris McQuiddy
Task Force on Mental Health and Deafness - Ann Fain
Speech & Hearing Assoc. of AL - Richard Sweitzer, Director
Univ. of AL, Deaf Education Program - Dr. Ronald Eversizer
Univ. of Montevallo, Deaf Education Program - Dr. Sara Smith

APPENDIX E

COSDA CONFERENCE

The Governor's House Motel
Montgomery, Alabama
July 24-26, 1986

AGENDA

THURSDAY, JULY 24

2:30-8:00 PM REGISTRATION

COSDA
4:00-6:00 PM COUNCIL BUSINESS MEETING

PIP
4:00-6:00 PM REGIONAL DIRECTORS' MEETING

6:30-8:30 PM RECEPTION

FRIDAY, JULY 25

7:30-10:30 AM REGISTRATION

8:30-10:00 AM FIRST GENERAL SESSION

-Chairperson — Dr. Doug Patterson, COSDA President

-Invocation — Rev. Camille Desmarais

-Opening Comments — Dr. Doug Patterson

-Welcome — Dr. Maurice Persall, SDE
Dr. Jack Hawkins, Jr.,AIDB
Mr. Jimmy Arthur, AAD
Mrs. Lamona Lucas, VRS
Mr. Emmett Poundstone, III MH/MR
Mayor Emory Folmar

-Introduction of Speaker — Mr. John Tiffany

-Keynote Address — Mr. Don Rhoten - "Close Encounters of the Deaf Kind"

10:00-10:30 AM BREAK

10:30-12:00 AM SECOND GENERAL SESSION

-Introduction of Speaker — Dr. Susan Easterbrooks

-Keynote Address — Ms. Jacqueline Z. Mendelsohn - "The Social/Emotional Development of the Deaf Child - Home - School Relations?

12:00-2::30 PM COSDA LUNCHEON

1:30-5:30 PM FORUMS
Designed so that participants may come and go according to interest in presentations.

Issues Investigative Forum
-Chairperson Dr. Susan Easterbrooks

Agency/Resource Forum
-Chairperson Mrs. Nola Pond

CONCURRENT WORKSHOPS

1:30-2:20 Vision in Orometric Modeling and Shaping of Speech by Deaf Talkers
Dr. Samuel G. Fletcher

Congenital Cytomegalovirus and Hearing Impairment
Dr. Faye McCollister

Positive Discipline: Preventing Behavior Problems
Mr. George Jesien

Interpreting in a Mental Health Setting
Ms. Deborah Lyons

2:30-3:20 PM We've Got Rhythm
Ms. Beth Dowing, Ms. Debbie Adams

PL 94-142 and You
Ms. Carole Blades, Ms. Judy Dillaber

Applying Adult Learning Principles to Working with Parents
Mr. George Jesien

Cued Speech: Theory and a Mother's Perspective
Mrs. Debby Parrish

Auditory Training: Beyond Bells, Whistles, & Drums Part A
Ms. Tamara Harrison
Mrs. Kathy Shackelford
Mr. David Mostella
Mr. Joe Bosarge

Project Marrs, Mainstream Amplification Resource Room Study
Ms. Maureen Cassidy

3:20-3:45 PM BREAK

3:45-4:35 PM Chaining: An Approach to Improve Speech Intelligibility

Mr. Steve Harmon
Ms. Hettie Johnson

The Learning Disabled Hearing Impaired Populatin
Dr. Anne Powers
Dr. Raymond Elliott

A College Preparatory Program for the Sensory Impaired
Mr. Bill Apple

Auditory Training: Beyond Bells, Whistles,
& Drums: Part B
Ms. Tamara Harrison
Mrs. Kathy Shackelford
Mr. David Mostella
Mr. Joe Bosarge

The Art of Interpreting
Ms. Robin Price

6:00-7:30 PM Hospitality Hour

Saturday, July 26

8:00-10:30 AM REGISTRATION

8:30-10:00 AM GENERAL SESSION

"Encounters with Deafness -- Birth to Employment"
Parent - Consumer - Employer Panel

-Welcome Mrs. Zackie Bosarge
-Chairperson Dr. Maryruth Nivens

10:00-10:30 AM BREAK

10:30-5:00 PM ALL DAY SESSIONS
(limited to 20 participants; sponsored by
Office of Field Services, AIDB)

Learning Accomplishment Profile (LAP)
Mrs. Connie Carter
Ms. Carole Storey

Visually Impaired Workshop
Mrs. Audrey Smith & Mr. Dan Wirth

10:30-12:30 PM Working with the Visually Impaired Preschooler

2:00-3:45 PM Functional Vision Assessment
3:45-5:00 Precane Orientation Mobility

Advocacy Assertiveness Training for Deaf Adults
(Limited to Deaf Consumers)

Ms. Alice Sykora

SKI*HI I
Ms. Debbie Adams
Ms. Beth Dowling

Management of the Sensory Impaired Child with Physical Handicaps: Coordinating PIP and Therapy Services
Mrs. Sheree Litchfield

Total Communication
Mrs. Patti Sheets

Language ... Making it Fun
Mrs. Lillian Blakesley

CONCURRENT WORKSHOPS

10:30-11:20 AM A College Preparatory Program for the Sensory Impaired
Mr. Bill Apple

Auditory Training: Beyond Bells, Whistles & Drums: Part A
Ms. Tamara Harrison
Mrs. Kathy Shakelford
Mr. David Mostella
Mr. Joe Bosarge

Services Available through Vocational Rehabilitation Services
Mr. Earl Lindsey

11:30-12:20 PM A Guide to Understanding and Dealing with Human Behavior
Mr. Phil Wade

Auditory Training - Beyond Bells, Whistles, & Drums: Part B
Ms. Tamara Harrison
Mrs. Kathy Shakelford
Mr. David Mostella
Mr. Joe Bosarge

Augumentative Systems for the Infant and Toddler (to be continued after lunch)
Dr. Denise Gibbs

Communication Skills Training
(to be continued after lunch)
Dr. Maryruth Nivens

12:30-2:00 PM LUNCH

CONCURRENT WORKSHOPS (continued)

2:00-2:50 PM	A Layman's Guide for Understanding Psychoactive Drugs Mr. Phil Wade
2:00-5:00 PM	Otitis Media Ms. Robin Auerbach
	Augumentative Systems for the Infant and Toddler (continued) Dr. Denise Gibbs
	Communication Skills Training (continued) Dr. Maryruth Nivens
3:00-3:15 PM	COSDA WRAP-UP
	-Mrs. Tammy Adams 1986-87 COSDA President